




# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

08-25-2004 90006 022 \*\*\*150.00

8/2

<b>DOCUMENT # 529067</b> 1. Entity Name <b>PROFESSIONAL RECOVERY, INC.</b>					
Principal Place of Business 20535 NW 2 AVENUE SUITE 235 MIAMI FL 33169-2547 US			Mailing Address P O BOX 7295 HOLLYWOOD FL 33081 US		
2. Principal Place of Business <b>7100 PINES BLVD</b> Suite, Apt. #, etc. <b># 23</b>		3. Mailing Address <b>POB 7295</b> Suite, Apt. #, etc.			
City & State <b>PEMBROKE PINES, FL</b> Zip <b>33024</b> Country <b>USA</b>		City & State <b>HOLLYWOOD, FL</b> Zip <b>33081</b> Country <b>USA</b>		4. FEI Number <b>59-1840759</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input checked="" type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">66433854</div>  <div style="display: flex; justify-content: space-around; font-weight: bold;"> <span>MOORE</span> <span>CR2E034 (4/04)</span> </div>	
6. Name and Address of Current Registered Agent  <b>BORNSTEIN, STEVEN L.</b> <b>9900 STIRLING RD, SUITE 233</b> <b>COOPER CITY FL 33024</b>					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State <b>FL</b> Zip Code _____					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>PRES.</b> <b>GRATENSTEIN, GERALD</b> <b>811 S.E. 7TH AVENUE</b> <b>COMPANG BEACH FL 33091</b> <div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			<b>G. GRATENSTEIN</b> Date <b>8/23/04</b> Daytime Phone # <b>954 985 6540</b>		

Attachment

66H33854

**PROFESSIONAL RECOVERY, INC.**  
**Collections/Credit Repair/Asset Recovery**  
**P.O. Box 7295**  
**Hollywood, FL 33081**

E-mail: [gcg@profrecovery.com](mailto:gcg@profrecovery.com)

Telephone: 954-985-6540  
Toll Free: 1-888-558-2224  
Fax: 954-985-6543

September 14, 2004

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern,

Enclosed please find the tax form requested. We had to call to receive the proper form several times. We never received the original form due to our office relocating. We apologize for the delay.

Thank you for your concern and your cooperation.

Sincerely,



Gerry Gratenstein  
President