

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 529067</b> 1. Entity Name PROFESSIONAL RECOVERY, INC.	
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FILED  
 05 MAY -6 PM 12: 06  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 7100 PINES BLVD #23 PEMBROOK, FL 33024 US	Mailing Address P O BOX 7295 HOLLYWOOD, FL 33081 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04292005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
BORNSTEIN, STEVEN L. 9900 STIRLING RD, SUITE 233 COOPER CITY, FL 33024	

4. FEI Number 59-1840759	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	PD GRATENSTEIN, GERALD <input type="checkbox"/> Delete STREET ADDRESS P.O. BOX 7295 CITY-ST-ZIP HOLLYWOOD, FL 33081
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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: Gerald Gratenstein (P/D) 4/29/05 954-849-6522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #