

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F56410 1. Entity Name P.R. PROPERTIES, INC. OF BROWARD COUNTY					
Principal Place of Business 660 NORTH OCEAN BLVD. DEERFIELD BEACH, FL 33441			Mailing Address 660 NORTH OCEAN BLVD. DEERFIELD BEACH, FL 33441		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FCI Number 59-2177380	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RAYMOND, JOHN J. JR. 1200 N. FEDERAL HIGHWAY BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		TITLE	000000203269 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/29/05-80024-008 150.00	
NAME	ZAMOJSKI, WALTER		NAME		
STREET ADDRESS	660 NORTH OCEAN BLVD.		STREET ADDRESS		
CITY ST ZIP	DEERFIELD BEACH, FL 33441		CITY ST ZIP		
TITLE	SD		TITLE		
NAME	ZAMOJSKI, JUNE		NAME		
STREET ADDRESS	660 NORTH OCEAN BLVD.		STREET ADDRESS		
CITY ST ZIP	DEERFIELD BEACH, FL 33441		CITY ST ZIP		
TITLE			TITLE		
NAME			NAME		
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CITY ST ZIP			CITY ST ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Walter Zamojski Pres</i> Jan 26/05 954427-1300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					