


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000001814 1. Entity Name PETER VALLAS ASSOCIATES INC.	
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Principal Place of Business 105 MAIN ST HACKENSACK, NJ 07601 US	Mailing Address 105 MAIN ST HACKENSACK, NJ 07601 US
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-2275115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALLAS, PETER R 3546 S OCEAN BLVD., APT 724 PALM BEACH, FL 33480	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLAS, PETER R 2546 S OCEAN BLVD., APT 724 PALM BEACH, FL 334805719
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT VALLAS, PETER S. 12 OAKWOOD DRIVE WOODCLIFF LAKE, NJ 07677
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/05-80080-016 150.00

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: Peter S. Vallas **Peter S. Vallas** 1/1/05 201-487-8901 x12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #