## 2004 FOR PROFIT CORPORATION

## Apr 16, 2004 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # F99000005739** PPI COMMUNICATIONS, INC. Principal Place of Business Mailing Address 1015 10TH STREET **1015 10TH STREET** LAKE PARK, FL 33403 LAKE PARK, FL 33403 03192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied 4. FEI Number 65-0764842 Not App \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIMOES, RANDALL DO NOT WRITE **1015 10TH STREET** LAKE PARK, FL 33403 IN THIS SPACE 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees <del>04/16/04-80086-002</del> 158.75 OFFICERS AND DIRECTORS 10. TITLE SIMOES, RANDALL **1015 10TH STREET** STREET ADDRESS CATY-ST-ZIP LAKE PARK, FL 33403 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-7:P TITLE NAME

**FILED** 

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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: P

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. OKSTRSmoes-pres 4/6/04