

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

George Firestone  
Secretary of State

DO NOT WRITE IN THIS SPACE

FILED

04 MAY 10 PM 1:28

2004

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name and Address of Corporation Principal Office:

DOCUMENT # 622189  
PC HOTEL CORP  
40 CAMPANARO  
1301 NE 7 ST  
WALLANDALE, FLA 33009

If above address is incorrect in any way, enter the correct address  
in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal  
Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State

Zip Code

3. Date Incorporated or Qualified  
To Do Business in Florida

1983

4. Federal Employer  
Identification Number (FEIN)

59-2379679

5. Date of  
Last Report

2003

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
PETER CAMPANARO	P	1301 NE 7 ST WALLANDALE, FLA 33009	

500038425775  
06/29/04--01059--011 \*\*150.00

Registered Agent Information

7. Name and Address of Current Registered Agent

PETER CAMPANARO  
1301 NE 7 ST  
WALLANDALE, FLA 33009

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on: \_\_\_\_\_

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

\$3.00 additional fee required for Registered Agent changes.

10.

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.  
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

Signature

Date

Typed Name of Signing Officer

Title

Telephone Number

PETER CAMPANARO

PRES.

April 26, 2004

COR 620 (11-81)