

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # G75211

1. Entity Name
P.C. NETWORKS, INC.



Principal Place of Business Mailing Address

7850 S.W. 146 ST. 7850 S.W. 146 ST.
 510 510
 MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016

DO NOT WRITE IN THIS SPACE



02262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2364174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OPOLKA, KEVIN S., ESQ.
 1401 N.W. 17TH AVENUE
 MIAMI, FL

DO NOT WRITE 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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUSSO, MAYER
STREET ADDRESS	8725 NW 18 TERRACE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	STROLENY, VLADIMIR
STREET ADDRESS	8725 NW 18 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	RUSSO, JACOB
STREET ADDRESS	8725 NW 18 TERRACE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

UN0000273251
 03/23/05-80020-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: _____ *Vladimir Stroleny* 3-21-05 205-581-1112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #