

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

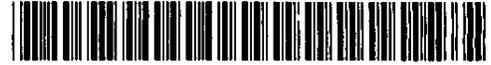
07-08-2004 90097 003 ***158.75

DOCUMENT # J78659
 1. Entity Name
PROFESSIONAL MANAGEMENT RESOURCES, INC.



Principal Place of Business 2100 SALZEDO STREET SUITE 303 CORAL GABLES, FL 33134 US	Mailing Address 2100 SALZEDO STREET SUITE 303 CORAL GABLES, FL 33134 US
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44047398



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0107794	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 LEHRMAN, JEFFREY E.
~~220 ALHAMBRA CIRCLE SUITE 818~~ *2199 PONCE DE LEON BLVD SUITE 304*
~~CORAL GABLES, FL 33134~~ *CORAL GABLES, FL 33134*

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWENSTEIN, ELLIOT I. 2100 SALZEDO STREET SUITE 303 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWENSTEIN, PAT 2100 SALZEDO ST STE 303 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Elliot I. Lowenstein* **6/30/04** **305-444-9877**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
#17869
Lowenstein & Company, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

44047398

July 1, 2004

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee FL 32314

RE: Uniform Business Report
Corporation Name: Professional Management Resources, Inc.
EIN: 65-0107794

Dear Sir or Madam:

Attached you will find the Corporation's Annual Report for 2004 with a check in the amount of \$158.75. Professional Management Resources, Inc., (the Company) does not have record of receiving notice indicating that amounts were due for the Uniform Business Report. The Company's bookkeepers unfortunately did not notice the omission. As president, I attest that I do not remember seeing it come into our office. Had we received it we would have, as we have in the past, paid it immediately.

This company has never missed a filing or payment for the Annual Report in its 17 year history. Please see attached Annual Report Form for 2004, with attached check for \$158.75. This will pay for the 2004 fees, plus additional fee required for a Certificate of Status.

For the reasons stated above, I respectfully request that the (late) fee be waived. Thank you in advance for any courtesies you might extend.

Sincerely,


Elliot Lowenstein CPA

For the Company