


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2007 08:00 AM  
Secretary of State

DOCUMENT # K52699	
1. Entity Name PROFESSIONAL G.C., INC.	

Principal Place of Business % ROSANNE ELAKMAN 2789 N.E. 24TH ST. LIGHTHOUSE POINT, FL 33064	Mailing Address % ROSANNE ELAKMAN 2789 N.E. 24TH ST. LIGHTHOUSE POINT, FL 33064
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01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0089478	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**

ELAKMAN, ROSANNE  
2789 N.E. 24TH ST.  
LIGHTHOUSE POINT, FL 33064

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	ELAKMAN, HOWARD
STREET ADDRESS	2789 N.E. 24TH ST.
CITY-ST-ZIP	LIGHTHOUSE PT., FL 33064

TITLE	DS
NAME	ELAKMAN, ROSANNE
STREET ADDRESS	2789 N.E. 24TH ST.
CITY-ST-ZIP	LIGHTHOUSE PT., FL 33064

TITLE	VP
NAME	ELAKMAN, MARC ADAM
STREET ADDRESS	8098 ROSE MARIE CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 exemptions contained in Chapter 119, 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: *Rosanne Elakman* 1-16-07 954-782-2237  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #