


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L05571 |  |
| 1. Entity Name PETE'S - A - PLACE, INC. | |

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| Principal Place of Business C/O PETER LICATA 3417 SW DAVIE BLVD. FT. LAUDERDALE, FL 33312-2758 | Mailing Address C/O PETER LICATA 3417 SW DAVIE BLVD. FT. LAUDERDALE, FL 33312-2758 |
|--|--|

DO NOT WRITE IN THIS SPACE



04132005 00000000 0000000000000000

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| 4. FEI Number 65-0137367 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 00000000 0000000000 |

6. Name and Address of Current Registered Agent

**LICATA, PETER
3417 SW DAVIE BLVD.
FT. LAUDERDALE, FL 33012**

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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 00000000 0000000000 | |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LICATA, PETER 3417 SW DAVIE BLVD. FT. LAUDERDALE, FL |
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04/19/05-800-80-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: _____ **04/15/05** **984 885 1555**

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