

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L28042

FILED
Apr 30, 2004
Secretary of State

Entity Name: PROFESSIONALS FOR TECHNOLOGY ASSOCIATES, INC.

Current Principal Place of Business:

C/O PETER L GRIECO
3109 45TH ST SUITE 100
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

C/O PETER L GRIECO JR
3109 45TH STREET SUITE 100
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 06-1113068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIECO & SCALERA, P.A.
3109 45TH ST
WEST PALM BEACH, FL 33407

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GRIECO, MARK
Address: 3109 45TH ST., STE 100
City-St-Zip: WEST PALM BEACH, FL 33407

Title: P () Delete
Name: GRIECO, CHRISTINE
Address: 3109 45TH ST
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE GRIECO

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date