


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000013157</b>	
1. Entity Name PCF NIGHTCLUB ENTERPRISES, INC.	

Principal Place of Business 6191 WASHINGTON AVE MIAMI BEACH, FL 33139	Mailing Address 619 WASHINGTON AVE MIAMI BEACH, FL 33139
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**DO NOT WRITE IN THIS SPACE**



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0982442	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DUFFY, CRAIG  
619 WASHINGTON AVE  
MIAMI BEACH, FL 33139

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000112788  
04/14/04-80035-012 159.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUFFY, CRAIG 619 WASHINGTON AVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIETRO, PERCI 619 WASHINGTON AVE MIAMI BEACH, FL 33139
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**

*PERCI PIETRO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/19/04 (305) 984-4700