


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90109 032 \*\*\*150.00

<b>DOCUMENT # P00000040308</b>	
1. Entity Name <b>PRICE BUSTERS, INC.</b>	

Principal Place of Business <b>1746 WEST OAKLAND PARK BLVD. OAKLAND PARK, FL 33311 US</b>	Mailing Address <b>1746 WEST OAKLAND PARK BLVD. OAKLAND PARK, FL 33311 US</b>
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**50003188**

2. Principal Place of Business <b>1734 West Oakland Park Blvd.</b>	3. Mailing Address <b>1734 West Oakland Park Blvd.</b>
Suite, Apt. #, etc. <b>BLVD.</b>	Suite, Apt. #, etc. <b>BLVD.</b>
City & State <b>Oakland Park, FL</b>	City & State <b>Oakland Park, FL</b>
Zip <b>33311</b>	Zip <b>33311</b>
Country <b>USA</b>	Country <b>USA</b>




01122005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1009416</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>FRANCO, WASHINGTON R 3252 N.W. 121 AVE. SUNRISE, FL 33323</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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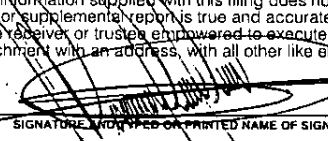
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Washington, Franco R.** **1/12/05**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASHINGTON, FRANCO R 3252 NW 121 AVE SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Washington, Franco** **1/12/05** **(954) 484-4742**  
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #