

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90115 012 \*\*\*150.00

**DOCUMENT # P01000045012**

1. Entity Name  
PC HOME USA, CORP.



Principal Place of Business  
4642 NORTH HIATUS RD.  
SUNRISE, FL 33351

Mailing Address  
4642 NORTH HIATUS RD.  
SUNRISE, FL 33351

**50051239**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05062005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
65-1100872

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GBS CONSULTANTS  
1290 WESTON RD.  
STE 306  
WESTON, FL 33-3326

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete  
NAME BOTTELLI, ANDREA  
STREET ADDRESS 1290 WESTON RD., STE 306  
CITY-ST-ZIP WESTON, FL 33326

TITLE PSD ☒ Change ☐ Addition  
NAME BOTTELLI, ANDREA  
STREET ADDRESS 964 TULIP CIRCLE  
CITY-ST-ZIP WESTON, FL 33327

TITLE VTD ☐ Delete  
NAME SKLAR, SERGIO  
STREET ADDRESS 1290 WESTON RD., STE 306  
CITY-ST-ZIP WESTON, FL 33326

TITLE VTD ☐ Change ☐ Addition  
NAME SKLAR, SERGIO  
STREET ADDRESS 1290 WESTON RD. STE 306  
CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/06/2005

Date

Daytime Phone #