

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000103573	
1. Entity Name P C LANDIA CORP.	

Principal Place of Business 150 SE 2ND AVE., STE. 1200 MIAMI, FL 33131	Mailing Address 150 SE 2ND AVE., STE. 1200 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1691673	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSEN, BORIS
150 SE 2ND AVE., STE. 1200
MIAMI, FL 33131

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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 _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HALAC, FERNANDO 150 SE 2ND AVE., STE. 1200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD HALAC, EDGAR 150 SE 2ND AVE., STE. 1200 MIAMI, FL 33131
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03/12/04-80041-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not comply with the exemption stated in Section 119.07(3)(f), 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: _____ **03-09-04** **305-3742001**

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