

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90059 041 ***158.75

DOCUMENT # P02000021233

1. Entity Name

PCMB INC.



Principal Place of Business

6043 KIMBERLY BLVD.
SUITE J AND K
NORTH LAUDERDALE FL 33068

Mailing Address

6043 KIMBERLY BLVD.
SUITE J AND K
NORTH LAUDERDALE FL 33068

4400J000



MOORE

CR2E034 (11/03)

2. Principal Place of Business

9353 W. Sample Rd.
201
Coral Springs, FL
33065 U.S.

3. Mailing Address

9353 W. Sample Rd.
201
Coral Springs, FL
33065 U.S.

4. FEI Number

03-0403063

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAUPTMAN, ROBERT
6043 KIMBERLY BLVD.
SUITE J AND K
NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

HAUPTMAN, ROBERT
9353 W. Sample Rd.
SUITE 201
Coral Springs, FL 33065

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

ROBERT HAUPTMAN

Signature, typed or printed name of registered agent and title if applicable.

Robert Hauptman

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HAUPTMAN, ROBERT
STREET ADDRESS 6043 KIMBERLY BLVD. J & K
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: ROBERT HAUPTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-04 (954) 825-0831