## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000041372

Entity Name: P.B.T.C., INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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80 SW 91ST AVE 5721 TUSCANY WAY S. 108 S. 101

PLANTATION, FL 33324 TAMARAC, FL 33321

Current Mailing Address: New Mailing Address:

80 SW 91ST AVE 5721 TUSCANY WAY S. 108 S. 101 PLANTATION, FL 33324 TAMARAC, FL 33321

FEI Number: 37-1427217 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GIFT, ANSON W.A.

80 SW 91ST AVE

5721 TUSCANY WAY

S. 108

PLANTATION, FL 33324 US

GIFT, ANSON W.A.

5721 TUSCANY WAY

S. 101

TAMARAC, FL 33321 US

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.

SIGNATURE: ANSON GIFT 04/30/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: GIFT, ANSON W.A. Name: GIFT, ANSON W.A.

 Name:
 GIFT, ANSON W.A.
 Name:
 GIFT, ANSON W.A.

 Address:
 80 SW 91ST AVE, S. 108
 Address:
 5721 TUSCANY WAY

 City-St-Zip:
 PLANTATION, FL 33324
 City-St-Zip:
 TAMARAC, FL 33321

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 MATALON, SIMON
 Name:
 MATALON, SIMON

 Address:
 80 SW 91ST AVE, S. 108
 Address:
 5721 TUSCANY WAY

 City-St-Zip:
 PLANTATION, FL 33324
 City-St-Zip:
 TAMARAC, FL 33321

Title: ( ) Delete Title: VP ( ) Change (X) Addition

 Name:
 Name:
 BHOLA, STEFÁN

 Address:
 Address:
 5721 TUSCANY WAY

 City-St-Zip:
 City-St-Zip:
 TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANSON GIFT D 04/30/2005