FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91463 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000077034 ✓

1. Entity Name
PBR ASSOCIATES, C.P.A., P.A.

Principal Place of Business	Mailing Address
8010 CLEARY BLVD VILLA 103 PLANTATION, FL 33324	8010 CLEARY BLVD VILLA 103 PLANTATION, FL 33324

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
20283 State Rd. 7		20283 State Rd. 7	
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33498	Country USA	Zip 33498	Country USA

4. FEI Number 81-0561216 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGMAN, ROCHELLE C
8010 CLEARY BLVD VILLA 103
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name: BERGMAN, Rochelle C
Street Address (P.O. Box Number Is Not Acceptable): 9631 ORchid GRove TRAIL
City: Boynton Beach FL Zip Code 33437

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: Rochelle C Bergman — DATE: 4/7/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

[illegible]

9. Election Campaign Financing Trust Fund Contribution. [ ] — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUGGERI, N ~~8010 CLEARY BLVD VILLA 103~~ ~~PLANTATION, FL 33324~~	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	20283 State Rd 7 #400 Boca Raton, Fl 33498	[X] Change [ ] Addition
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CR2E034 (10/02)

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: Rochelle C Bergman Rochelle C BERGMAN 4/7/03 561-487-3694

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