


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000077610 1. Entity Name PN INVESTMENTS, INC.	
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Principal Place of Business 3332 SW 51 ST HOLLYWOOD, FL 33312	Mailing Address 3332 SW 51 ST HOLLYWOOD, FL 33312
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DO NOT WRITE IN THIS SPACE



06142004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4243001	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMOLYANSKY, PETER 3332 SW 51 ST. FORT LAUDERDALE, FL 33312

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

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMOLYANSKI, PETER 3332 SW 51 ST HOLLYWOOD, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMOLYANSKY, NAOIA 3332 SW 51 ST. FORT LAUDERDALE, FL 33312
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<p>U00000162658 06/17/04-80002-001 150.00</p> DO NOT WRITE IN THIS SPACE

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: PETER SMOLYANSKI 6-14-04 954-5591722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #