

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90117 006 ***150.00

DOCUMENT # P02000097969					
1. Entity Name PIGGY BANK ARCADE INC.					
Principal Place of Business 7441 S. MILITARY TRAIL LAKE WORTH, FL 33463 US			Mailing Address 7441 S. MILITARY TRAIL LAKE WORTH, FL 33463 US		
2. Principal Place of Business <i>7441 S. Military Trail</i>			3. Mailing Address <i>SAME</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Lake Worth			City & State SAME		
Zip 33463		Country USA		4. FEI Number 13-4211530	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04252005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent INGOGLA JOSEPH A 2532 S.W. 55TH ST. DANIA BEACH, FL 33312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SYLVIA, JEAN STREET ADDRESS 1050 NORTH DR. #B CITY-ST-ZIP DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete		TITLE Denise URAS NAME 5349 Cedar Lake 1233 STREET ADDRESS Boynton beach Florida 33435 CITY-ST-ZIP 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME SYLVIA, JOHN STREET ADDRESS 1050 NORTH DR. #B CITY-ST-ZIP DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete		TITLE see files NAME Ruth E Hactel STREET ADDRESS 5370 Steven Rd CITY-ST-ZIP Boynton Beach Fla 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Denise URAS</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date <i>5-4-05</i>			Daytime Phone <i>1-561-966-9515</i>		

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