


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90049 032 ***150.00

DOCUMENT # P03000006764

1. Entity Name
PETRVS MANAGEMENT CORPORATION



Principal Place of Business Mailing Address
612 NE 29 DR., #5 WILTON MANORS, FL 33334 **612 NE 29 DR., #5 WILTON MANORS, FL 33334**

2. Principal Place of Business 3. Mailing Address
626 NE 13 AVE **626 NE 13 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ft Lauderdale FL **Ft Lauderdale FL**
 Zip Country Zip Country
33304 USA **33304 USA**

04192004 Chg-P CR2E034 (10/03)

4. FEI Number **04-3735094** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent
LOWEN, MICHAEL
612 NE 29 DR., #5
WILTON MANORS, FL 33334

7. Name and Address of New Registered Agent
 Name **Michael Lowen**
 Street Address (P.O. Box Number is Not Acceptable)
626 NE 13 AVE
 City **Fort Lauderdale** **FL** Zip Code **33304**

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 *Michael Lowen* DATE **4-20-2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	PD LOWEN, MICHAEL 612 NE 29 DR., #5 WILTON MANORS, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael Lowen 626 NE 13 AVE Fort Lauderdale FL 33304 <input checked="" 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
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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: *Michael Lowen* DATE **4-20-2004** DAYTIME PHONE # **954.249.4731**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR