

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-30-2004 90305 033 ***150.00

DOCUMENT # P03000030371

1. Entity Name

PROFESSIONAL EXPORTERS INCORPORATED



Principal Place of Business

4119 NORTH STATE ROAD 7
8999
LAUDERDALE LAKES FL 33319
US

Mailing Address

4119 NORTH STATE ROAD 7
8999
LAUDERDALE LAKES FL 33319
US

66427106



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3900 N. COMMERCIAL BLVD.

Suite, Apt. #, etc.

101

City & State

PORT LAUDERDALE, FL.

Zip

33309

Country

USA.

3. Mailing Address

3900 N. COMMERCIAL BLVD.

Suite, Apt. #, etc.

101

City & State

PORT LAUDERDALE, FL.

Zip

33309

Country

USA.

4. FEI Number

75-310744-6

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEDRO, CHESTER A
4119 NORTH STATE ROAD 7
#8999
LAUDERDALE LAKES FL 33319

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	PEDRO, SYDEA M	
STREET ADDRESS	7517 NW 33RD STREET	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	P	<input type="checkbox"/> Delete
NAME	PEDRO, CHESTER A	
STREET ADDRESS	7755 YARDLEY DRIVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Chester Pedro - CHESTER PEDRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

Daytime Phone #