

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

04-22-2004 90067 033 ***150.00

DOCUMENT # P03000061499 1. Entity Name PERFORMANCE PUZZLE SOLUTIONS, INC.					
Principal Place of Business 9220-D VINELAND COURT BOCA RATON, FL 33496				Mailing Address 9220-D VINELAND COURT BOCA RATON, FL 33496	
2. Principal Place of Business 13161 179th Court North Suite, Apt. #, etc.		3. Mailing Address 13161 179th Court North Suite, Apt. #, etc.			
City & State JUPITER, FL		City & State JUPITER, FL		4. FEI Number 743097189	
Zip 33478		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENZINI, ROBERT F 9220-D VINELAND COURT BOCA RATON, FL 33496				7. Name and Address of New Registered Agent Name CRAIG Chesler Street Address (P.O. Box Number is Not Acceptable) 13161 179th Court North City JUPITER FL Zip Code 33478	
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 <u>Robert F. Renzini</u> 5/20/04 DATE Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when renewing)					
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 RENZINI, ROBERT F 9220-D VINELAND COURT BOCA RATON, FL 33496	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHESLER, CRAIG 13161 179TH COURT NORTH JUPITER, FL 33478	☐ Delete			
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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: <u>Robert F. Renzini</u> ROBERT F. RENZINI, President 5/20/04 678 469 0345 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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