

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90040 003 \*\*\*150.00

**DOCUMENT # P03000109384**

1. Entity Name  
**P II, INC.**



**40060624**



01242008 Chg-P CR2E034 (12/06)

Principal Place of Business  
**9258 LAZY LANE  
TAMPA, FL 33614 US**

Mailing Address  
**9258 LAZY LANE  
TAMPA, FL 33614 US**

2. Principal Place of Business - No P.O. Box #  
**12331 HAMPTON PARK BLVD. 12331 HAMPTON**

3. Mailing Address  
**PARK BLVD.**

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33624** Country  
**USA**

Zip  
**33624** Country  
**USA**

4. FEI Number  
**20-0338687**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PACHECO, PHIL  
9258 LAZY LANE  
TAMPA, FL 33614**

7. Name and Address of New Registered Agent

Name  
**12331 HAMPTON PARK BLVD**

Street Address (P.O. Box Number is Not Acceptable)

City  
**TAMPA** FL **33624**

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, 2008 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	PRES	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHECO, FELIPE A		NAME		
STREET ADDRESS	9258 LAZY LANE		STREET ADDRESS	12331 HAMPTON PARK BLVD.	
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUGMAN, PHIL		NAME		
STREET ADDRESS	9258 LAZY LANE		STREET ADDRESS	12331 HAMPTON PARK BLVD.	
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kimberly Pacheco 4-4-08 813 9151433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone EXT 127