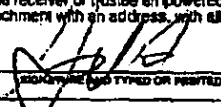
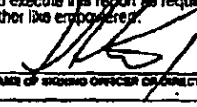
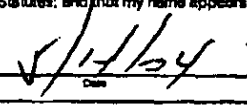


FILED
Jun 23, 2004 8:00 am
Secretary of State

05-17-2004 90018 011 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

5/17/2

DOCUMENT # P03000126386					
1. Entity Name P & D ASSOCIATES, INC.					
Principal Place of Business 416 SE 19 ST FT LAUDERDALE, FL 33316			Mailing Address 416 SE 19 ST FT LAUDERDALE, FL 33316		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 37-148408				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FINTA, STEPHEN J 416 SE 19 ST FT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 state if applicable					
NOTE: Registered Agent signature required when re-registering					
DATE _____					
FILE NOW! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.163(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE 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)(1), 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:   					
DATE: 5/14/04 786-4362038					