

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000149793

1. Entity Name
P & S PROCESSING CENTER, INC.



Principal Place of Business

2550 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33305 US

Mailing Address

2550 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33305 US

54003994

2. Principal Place of Business

2550 N. Fed Highway

3. Mailing Address

2550 N. Fed Highway



02042004

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.

18

Suite, Apt. #, etc.

18

City & State

Ft Lauderdale Fla

City & State

Fort Lauderdale, Fla

Zip

33305

Country

Broward

Zip

33305

Country

Broward

4. FEI Number

61-1460834

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130

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 reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
SHOCHAT, PAT
1100 S.W. 1ST AVENUE
POMPANO BEACH, FL 33060 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
PICKARD, SHARON
1501 S.E. 15TH STREET, #3-4
FORT LAUDERDALE, FL 33316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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: Pat Shochat President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04

954-564-560