
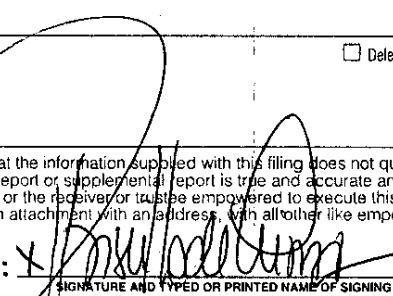


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90037 022 \*\*\*150.00

<b>DOCUMENT # P04000044379</b> 1. Entity Name <b>PRISCY &amp; CO., INC.</b>			
Principal Place of Business <b>18660 COLLINS AVE., SUITE 103 SUNNY ISLES BEACH, FL 33160-2485</b>		Mailing Address <b>18660 COLLINS AVE., SUITE 103 SUNNY ISLES BEACH, FL 33160-2485</b>	
2. Principal Place of Business <b>228 S UNIVERSITY DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>228 S UNIVERSITY DR</b> Suite, Apt. #, etc.	
City & State <b>PLANTATION FL</b> Zip <b>33324</b> Country <b>US</b>		City & State <b>PLANTATION FL</b> Zip <b>33324</b> Country <b>US</b>	
4. FEI Number <b>20-0845031</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NELSON, GARY 1401 BRICKELL AVE., SUITE 300 MIAMI, FL 33131-3502</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DE LIMA, PRISCILLA 661 COCONUT PALM TERRACE PLANTATION, FL 333248220	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> 		<b>PRISCILLA DE LIMA</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>1/20/05</b> Daytime Phone # <b>(954) 382-9399</b>	