

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-01-2005 90023 047 \*\*\*150.00

**DOCUMENT # P04000099758**

1. Entity Name  
**PTV, INCORPORATED**



**40010108**



01252005 Chg-P CR2E034 (10/03)

Principal Place of Business  
**5818 TAYWOOD DR  
TAMPA, FL 33624**

Mailing Address  
**5818 TAYWOOD DR  
TAMPA, FL 33624**

2. Principal Place of Business

**4023 N. ARMENIA AVE**

3. Mailing Address

**4023 N. ARMENIA AVE**

Suite, Apt. #, etc.

**STE. 400**

Suite, Apt. #, etc.

**STE. 400**

City & State

**TAMPA, FL**

City & State

**TAMPA, FL**

4. FEI Number

**20-1325653**

Applied For

Not Applicable

Zip

**33607**

Country

**FLORIDA**

Zip

**33617**

Country

**FLORIDA**

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROIG, RICARDO A ESQ  
4023 N ARMENIA AVE  
SUITE 400  
TAMPA, FL 33607**

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, 2005 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  
**D  
PABON, NATALIO  
5818 TAYWOOD DR  
TAMPA, FL 33624**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TORRES, JOSE ENRIQUE  
251 6TH ST NW  
LARGO, FL 33770**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
VILLALONA, RICARDO  
8515 BETH CT  
ODESSA, FL 33556**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

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CITY-ST-ZIP

☐ 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 recorder 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 employees.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**X 1/28/05**