

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90001 045 ***150.00

40096906



DOCUMENT # P05000133383 1. Entity Name PETE'S PROFESSIONAL DETAILING INC			
Principal Place of Business 8490 SW 154 CIRCLE CT STE 420 MIAMI, FL 33193		Mailing Address 8490 SW 154 CIRCLE CT STE 420 MIAMI, FL 33193	
2. Principal Place of Business 11002 S.W 241 ST Suite, Apt. #, etc.		3. Mailing Address 11002 S.W 241 ST Suite, Apt. #, etc.	
City & State Homestead, FLA. Zip 33032 Country U.S.A.		City & State Homestead, FLA. Zip 33032 Country U.S.A.	
4. FEI Number 20-3560772		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME WILLIAMS, PETER STREET ADDRESS 8490 SW 154 CIRCLE CT STE 420 CITY-ST-ZIP MIAMI, FL 33193	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE STD <input type="checkbox"/> Delete NAME WILLIAMS, CONNIE V STREET ADDRESS 8490 SW 154 CIRCLE CT STE 420 CITY-ST-ZIP MIAMI, FL 33193	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: <i>Peter Williams, Peter Williams, June 20, 06</i> 786 (260-5530) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

ATTACHMENT

40096906
P05000133383

May 17, 2006

To whom it may concern:

Our new business was incorporated less than a year ago. Since that time, we moved and we have a new mailing address. We did not receive in the mail a renewal notice. Several of our letters were getting misplaced or lost in the mail. Because of our change of address. That's the reason why we didn't ~~at~~ mail in the annual report on time this year. We would really appreciate if the penalty could be waived this time and every year thereafter we'll make sure to file ahead of time.

Thank You Kindly.

Peter Williams.

ATTACHMENT

40096906
#P0500033383

This is our new address.

Pete's Professional Detailing Inc.
11002 S.W. 241 Street
Homestead, Fla.

33032

ATTACHMENT 40096906



Division of Corporations

Annual Report

[Annual Report Help](#)

Document Number

P05000133383

Business Entity Name

PETE'S PROFESSIONAL DETAILING INC

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

8490 SW 154 CIRCLE CT STE 420

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33193

Mailing Address

Address

8490 SW 154 CIRCLE CT STE 420

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33193

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

SPIEGEL & UTRERA, P.A.

Address (PO Box is not acceptable)

1840 SW 22ND ST.

Suite, Apt. #, etc.

4TH FLOOR

City, State

MIAMI

FL

Zip Code & Country

33145 US

#P05000133383

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PD

Name (Last, First, Middle, Title)

WILLIAMS

PETER

- OR -Entity Name to serve as
Officer/Director

Street Address

8490 SW 154 CIRCLE CT STE 420

City, State

MIAMI

FL

Zip Code & Country

33193

Title

STD

Name (Last, First, Middle, Title)

WILLIAMS

CONNIE

V

- OR -Entity Name to serve as
Officer/Director

Street Address

8490 SW 154 CIRCLE CT STE 420

City, State

MIAMI

FL

Zip Code & Country

33193

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State