

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P92000003267

1. Entity Name
P. T. E., INC.



Principal Place of Business Mailing Address

5817 PARK ST NORTH #411 **PO BOX 11891**
SAINT PETERSBURG, FL 33709 **ST PETERSBURG, FL 33733**

DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3150577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGER, TODD E
810 63RD AVE NORTH
SAINT PETERSBURG, FL 33702

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000868555
 04/09/08-80014-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOFFREDI, THOMAS
STREET ADDRESS	5817 PARK ST #411
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709
TITLE	D
NAME	LOFFREDI, ELSA
STREET ADDRESS	5817 PARK ST # 411
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709
TITLE	D
NAME	LOFFREDI, PETER
STREET ADDRESS	5817 PARK ST # 411
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Peter Loffredi **PETER LOFFREDI** **3-18-08** **(727) 536-6578**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #