


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90004 046 \*\*\*150.00

<b>DOCUMENT # P93000065336</b> 1. Entity Name PROFESSIONAL FUNCTIONS, INC.	
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Principal Place of Business 8362 PINES BLVD SUITE 247 PEMBROKE PINES, FL 33024	Mailing Address <i>790 SW 158 Way</i> <del>18768 SW 3RD ST</del> <del>APT 202/3</del> <del>PEMBROKE PINES, FL 33025</del> <i>Pembroke Pines FL 33027</i>
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01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0439945	Applied For 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  
  
FESTINGER, PHYLLIS  
790 SW 158 WAY  
PEMBROKE PINES, FL 33027

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FESTINGER, PHYLLIS 790 SW 158 WAY PEMBROKE PINES, FL 33027
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**DO NOT WRITE IN THIS SPACE**

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: *Phyllis Festinger* *Phyllis Festinger President 1/14/04 9549626772*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #