2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 02, 2004 08:00 AM Secretary of State

DOCUMENT	#	P93000081606
1. Entity Name		

 Entity Name PBP SALES, INC.

Principal Place of Business

3330 -2ND AVE N.

STE 7 LAKE WORTH, FL 33461 Mailing Address

3330 -2ND AVE N. STE 7

LAKE WORTH, FL 33461



01232004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0459671 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZWICKEL, ALLEN 3330 2ND AVE NO. 7 LAKE WORTH, FL 33461		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 Signalure, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10. ITTLE NAME STREET ADDRESS CITY- ST- ZIP ITTLE NAME STREET ADDRESS CITY- ST- ZIP	OFFICERS AND DIREC D ZWICKEL, ALLEN 3330 -2ND AVE N. #7 LAKE WORTH, FL 33461	JOAS			მმმშინებები სპ/სპ/04-80048-811 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE	
TITLE STREET AODRESS ONY-ST-ZIP OTTLE WANE						

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 cett, 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 attactment with an address, with all other like empowered.

SIGNATURE: _

STREET ADDRESS CITY-SI-ZIP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-0 4

Daylime Phone #