## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2004 8:00 am Secretary of State

Mailing Accress   1230   1 M 39TH ST   1 M 30TH ST   1 M	DOCUMENT # P9400008826  1. Entity Name PROFESSIONAL REVIEW NETWORK, INC.				04-26-2004 90421 015 ***150.00						
1.2301 NW 39TH ST. CORAL SPRINCS, FL 33065-2403 US	Principal Plac	e of Business	Mailing Address								
Suite, Apt. #, etc.	12301 NW 39TH ST.		12301 NW 39TH ST.						,		
Suite, Apt. #, etc.			,								
City & State   Sey-320048   A. FEI Number   Sey-320048   Sey-3200	,										
Space	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192004	Chg-P	CR2E034 (10/03)			
Country   Country   Country   Country   Country   S. Certificate of Status Desired   S. Additional Registered Agent   T. Name and Address of New Registered   T. Name and Address of New Registered Agent	City & State		City & State						<del>  </del>	···	
Summarian Address of Name and Address of Name Registered Agent   Summarian Address of New Registered Agent   Summarian Address   Sum	Zip	Country	Zip Coun		у				- \$0.75 A.		
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD STE 508 MIAMI, FL 33156-000    City   FL   Zip Code		6 Name and Address of Course	The sand Address of Course Basistand Assets						Fee Require		
STEE 508 MIAMI, FL 33156-000  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   S	b. Name and Address of Current Registered Agent				Name		/. Name and	Address of New F	tegistered Agent		
MAMI, FL 33156-000  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Title NOWIII FEE IS \$150.00   After May 1, 2004 Fee will be \$550.00	9200 SOUTH DADELAND BLVD				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Spreamen, toxed or printed reame of registered agent and tiller if expirations. (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Date		33156-000	·								
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				City				Zip Cod	e e		
SIGNATURE   Souther, types or printed rams of registered agent.   (NOTE: Registroed Agent separation required when removating)   DATE							ad agant as hat	h in the State of Fl	FL   `		
Signet Nomes   Sign	the obligations of registered agent.										
Signet Nomes   Sign	SIGNATURE										
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   CEOD   Change   C											
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12. Thereby 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:

READ TYPE OR BUINTE NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2004

(954) 344-2444