

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000016509	
1. Entity Name PROFESSIONAL TRAINING CENTERS INC.	



Principal Place of Business 13926 S.W. 47TH ST. MIAMI, FL 33175 US	Mailing Address 13926 S.W. 47TH ST. MIAMI, FL 33175 US
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0484026	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 GREEN, JERRY ESQ 9200 S DADELAND BLVD STE 700 MIAMI, FL 33156	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MATTIA, ANTONIO 13301 SW 2ND ST MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTIA, MICHAEL 13301 SW 2ND STREET MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTIA, ELVA 13301 SW 2ND ST MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATTIA, MARC 13301 SW 2ND ST MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/20/04-80002-016 150.00

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: [Signature] 1/13/04 305-220-4120

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