


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 13926 S.W. 47TH ST. 13926 S.W. 47TH ST.
 MIAMI, FL 33175 US MIAMI, FL 33175 US

DO NOT WRITE IN THIS SPACE



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0484026 Not Applicable

5. Certificate of Status Desired \$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 _____ 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, 2005 Fee will be \$550.00

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

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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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:  Antonio Mattia 03/11/05 305.220.4120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #