

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000021259

FILED
Jan 09, 2004
Secretary of State

Entity Name: FLORIDA PROFESSIONAL BUSINESS BROKERS, INC.

Current Principal Place of Business:

319 N. ATLANTIC AVE
DAYTONA BEACH, FL 32118 US

New Principal Place of Business:

Current Mailing Address:

319 N. ATLANTIC AVE
DAYTONA BEACH, FL 32118 US

New Mailing Address:

189 GULL CIRCLE NORTH
DAYTONA BEACH, FL 32119 US

FEI Number: 59-3230171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLA, PAUL
189 GULL CIRCLE N
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

CHARLA, PAUL M PRESIDE
189 GULL CIRCLE N
DAYTONA BEACH, FL 32119 US

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.

SIGNATURE: PAUL M. CHARLA

01/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHARLA, PAUL
Address: 189 GULL CIRCLE N
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VP () Delete
Name: CHARLA, MICHAEL
Address: 189 GULL CIRCLE N
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VP () Delete
Name: CHARLA, ANNALENA
Address: 1120 GLENGAD RUN
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL M. CHARLA

DP

01/09/2004

Electronic Signature of Signing Officer or Director

Date