


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90052 038 \*\*\*550.00

<b>DOCUMENT # P94000076313</b>	
1. Entity Name <b>P.P.P. ENTERPRISES, INC.</b>	

Principal Place of Business <b>3806 CURRY FORD RD ORLANDO FL 32806 US</b>	Mailing Address <b>3806 CURRY FORD RD ORLANDO FL 32806 US</b>
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MOORE CR2E034 (4/04)

2. Principal Place of Business <b>3806 CURRY FORD RD. Suite, Apt. #, etc. ORLANDO, FL</b>	3. Mailing Address <b>3806 CURRY FORD RD. Suite, Apt. #, etc. ORLANDO, FL</b>
City & State	City & State

Zip <b>32806</b>	Country <b>U.S.A.</b>	Zip <b>32806</b>	Country <b>U.S.A.</b>
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6. Name and Address of Current Registered Agent <b>SMITASIN, CHARNNARONG 1944 GREEN MEADOW LN ORLANDO FL 32825</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 _____
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<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 fees empowered.

SIGNATURE: _____	DATE: <b>Aug 31 2004</b>	DAYTIME PHONE: <b>407-228-8282</b>
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