

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000089054

1. Entity Name
PROGRESSIVE TRAINING TEAM, INC.



Principal Place of Business
**7412 SOUTH DESOTO STREET
TAMPA, FL 33616**

Mailing Address
**7412 SOUTH DESOTO STREET
TAMPA, FL 33616**



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3292450

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VAKNIN, DROR
7412 SOUTH DESOTO STREET
TAMPA, FL 33616**

**DO NOT WRITE
IN THIS SPACE**

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 *Dror Vaknin*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

4/12/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**P
VAKNIN, DROR
7412 SOUTH DESOTO STREET
TAMPA, FL 33616**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000114144
04/15/04-80037-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Dror Vaknin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DROR VAKNIN

Date

4/12/04

Daytime Phone #

813-846-5021