

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
DO NOT WRITE IN THIS SPACE

DOCUMENT # **p950000 58857**

1. Entity Name

PC DESIGNS International Inc
6075 NW 41 Drive
Coral Springs, FL 33067



FILED

11 MAY 26 AM 8:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

6075 NW 41st Drive

Suite, Apt. #, etc.

3. Mailing Address

Coral Springs Same

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

65-0599826

Applied For

Not Applicable

Zip

33067

Country

USA

Zip

33067

Country

USA

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **SILVER, ALAN H**

Street Address (P.O. Box Number is Not Acceptable)

6075 NW 41st Drive

City

CORAL SPRINGS

FL

Zip Code

33067

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

Asilver@Myacc.net

E-mail address to be used for future annual report notices.

10.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PSTD
SILVER, ALAN H
6075 NW 41st Drive
CORAL SPRINGS, FL 33067

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/21/11 954-391-6103

**DO NOT WRITE
IN THIS SPACE**

527