


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000014311</b> 1. Entity Name <b>PCC ENTERPRISES, INC.</b>	
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Principal Place of Business <b>1749 E. HALLANDALE BCH. BLVD. #113 HALLANDALE, FL 33009</b>	Mailing Address <b>1749 E. HALLANDALE BCH. BLVD. #113 HALLANDALE, FL 33009</b>
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04182004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0673037</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>ARAZOZA &amp; FERNANDEZ - FRAGA P.A. 2100 SALZEDO ST STE 300 CORAL GABLES, FL 33134</b>
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**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

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**

**000000134085  
04/28/04-80006-003 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALAXANDER, JULIAN 2500 PARKVIEW DR #1011 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAXANDER, BRUCE 425 EAST 76 STREET, APT 11-A NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, TIMOTHY 2811 N. OAKLAND FOREST DR #105 OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** J Alexander **JULIAN ALEXANDER** 4/26/04 954 456 3437  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #