



2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000014311 1. Entity Name PCC ENTERPRISES, INC.						FILED 07 MAR 28 AM 10:55 HALLANDALE, FLORIDA 	
Principal Place of Business 1749 E. HALLANDALE BCH. BLVD. #113 HALLANDALE, FL 33009				Mailing Address 1749 E. HALLANDALE BCH. BLVD. #113 HALLANDALE, FL 33009			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 		4. FEI Number 65-0673037		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARAZOZA & FERNANDEZ - FRAGA P.A. 2100 SALZEDO ST STE 300 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name JULIAN ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 2500 PARKVIEW DR #1011 City HALLANDALE FL Zip Code 33009			
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 <u><i>Julian Alexander</i></u> JULIAN ALEXANDER 3/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALAXANDER, JULIAN 2500 PARKVIEW DR #1011 HALLANDALE, FL 33009 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700095004727 04/06/07--01044--016 ***900.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAXANDER, BRUCE 425 EAST 76 STREET, APT 11-A NEW YORK, NY 10021 <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	D ALEXANDER, TIMOTHY 2811 N. OAKLAND FOREST DR #105 OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	07/9/3 <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		
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		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Julian Alexander</i></u> JULIAN ALEXANDER 3/25/07 954 456 3437 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							