## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000043285

P.T.A. GROUP INC.

FILED Apr 11, 2005 08:00 AN Secretary of State

Principal Place of Business

1913 ECALPTUS AVE. S. HUTCHINSON ISL. FORT PIERCE, FL 34949 Mailing Address

1913 ECALPTUS AVE. S. HUTCHINSON ISL. FORT PIERCE, FL 34949

US



| DO NOT WRITE IN THIS SPACE | DO | NOT | WRITE | IN THIS | SPACE |
|----------------------------|----|-----|-------|---------|-------|
|----------------------------|----|-----|-------|---------|-------|

01212005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For S5-0682364 Not Applied For Not Applied For Status Desired S8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

RODRIGUEZ, JULIO A 15225 NW 77 AV STE 201 MIAMI LAKES, FL 33014

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|   | named entity submits this statement for the pions of registered agent.  | ourpose of changing its registere   | d office or r | egistered agent, or bo         | th, in the State of Florida. I am familiar | with, and accept |  |
|---|---|---|---------------|--------------------------------|--|------------------|--|
| SIGNATURE   |   |   |               |                                |  |                  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00 |   | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees |               | \$5.00 May Be<br>Added to Fees | U00000297814<br>04/11/05-80042-016         | 150.00           |  |
| 10. OFFICERS AND DIRECTORS  |   |   |               |                                |  |                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | P<br>CABRERA, JOHN<br>1913 EUCALYPTUS AVE.<br>FORT PIERCE, FL 34949     |   |               |                                |  |                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | ST<br>CABRERA, NANCY T<br>1913 EUCALYPTUS AVE.<br>FORT PIERCE, FL 34949 |   |               |                                |  |                  |  |
| TITLE<br>NAME   |   |   |               |                                |  |                  |  |

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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 trusting 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 accuracy with all only like empowered.

SIGNATURE: \_

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-05

(2355 444)

Daytime Phone #