

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90020 041 ***150.00

DOCUMENT # P96000063289

1. Entity Name
PC & PRINTER PARADISE, INC.



Principal Place of Business
1332 E COMMERCIAL BLVD
FT. LAUDERDALE, FL 33334 US

Mailing Address
C/O E. SCOTT GOLDEN, ESQ.
644 SOUTHEAST 4TH AVENUE
FORT LAUDERDALE, FL 33301 US



2. Principal Place of Business
3171 NE 11th terrace
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02032004 Chg-P CR2E034 (10/03)

City & State
Pompano Beach, FL
Zip
33064 Country
USA

City & State
Zip
Country

4. FEI Number
65-0686028
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDEN, E. SCOTT
644 SOUTHEAST 4TH AVENUE
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	LANCSAK, JOHN IV	
STREET ADDRESS	3171 N.E. 11TH TERRACE	
CITY - ST - ZIP	POMPAN0 BEACH, FL 33064	
TITLE	VTAS	<input type="checkbox"/> Delete
NAME	LANCSAK, MARIA	
STREET ADDRESS	3171 NORTHEAST 11TH TERRACE	
CITY - ST - ZIP	POMPAN0 BEACH, FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: Handwritten Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-03-04 954-545-3881
Date Daytime Phone #