

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000029973

FILED
Apr 25, 2007
Secretary of State

Entity Name: PC PROFESSOR OF BROWARD COUNTY, INC.

Current Principal Place of Business:

600 N. HIATUS
105
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

600 N. HIATUS
105
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 65-0742149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLUTSKY, STUART M
2500 WESTON ROAD
SUITE 404
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: LUCIANI, MARY P
Address: 1833 HARBOR VIEW CIRCLE
City-St-Zip: WESTON, FL 33327

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: LUCIANI, MARY P
Address: 1618 VICTORIA POINTE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: DIRE () Change (X) Addition
Name: SAHONERO, MIREN
Address: 16401 TURQUOISE TRAIL
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY P. LUCIANI

PSDT

04/25/2007

Electronic Signature of Signing Officer or Director

Date