

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P97000102542

1. Entity Name
PWC SOUTH FLORIDA, INC.



Principal Place of Business
**2100 N. ANDREWS AVE. EXT.
POMPANO BEACH, FL 33069**

Mailing Address
**2100 N. ANDREWS AVE. EXT.
POMPANO BEACH, FL 33069**



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0807683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PADULA, HARRY R
2100 N. ANDREWS AVE. EXT.
POMPANO BEACH, FL 33069**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000910450
05/06/08-80109-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	PADULA, HARRY R
STREET ADDRESS	2100 N. ANDREWS AVE. EXT.
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	VP
NAME	WADSWORTH, WALTER
STREET ADDRESS	2100 N. ANDREWS AVE. EXT.
CITY-ST-ZIP	POMPANO BEACH, FL 33069
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Walter Wadsworth 4-17-08 954.934.3212