~2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2005 08:00 AM Secretary of State

DOCUMENT # P97000108090 1. Entity Name PC3, INC.				Secretary of State			
	BITH STREET	Mailing Address 7705 N.W. 48TH STREET #120 MIAMI, FL 33166			a 18111 19ah 25111 Belit Beli	î krefe selbî ibillî bellê	in werk sollbod at 4001
E	OO NOT WRITE	IN THIS SPA	CE	03162005 4. FEI Numb 65-080		CR2E034 (1	
	6. Name and Address of Current Re	rietand Agant			of Status Desired		75 Additional Required
MILLER, EDWARD 7705 N.W. 48TH STREET #120 MIAMI, FL 33166 8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. (am familiar with, and accept				
SIGNATURE.	Signature, typed or printed name of registered agent and	itle if applicable (NOTE Register	ed Agent signature required	d when reinstating)		DATÉ	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ied to Fees	Ungana 04/18/05-	310562 -8001 0- 00)4 158.75
10.	OFFICERS AND DIF	RECTORS	And a share in the same of the same			77.72	
TITLE	P		and an amount of the second	mega, gras m.,		*************	. ,
NAME	MILLER, EDWARD			-			
STREET ADDRESS	7705 N.W. 48TH STREET, #120						
CITY-ST-ZIP	MIAMI, FL 33166					/****	·
TITLE NAME							
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NAME							
STREET ADDRESS]		1	nn	NOT W	RITE	
CITY-ST-ZIP		 	*				
TITLE		·- ·- ·		IN	THIS SP	ACE	
I NAME.	i e		=				

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 eath; 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

STREET ADDRESS CITY-ST-ZIP

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

LATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Let a. ch 18, 2005 305581176