2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000018407

Entity Name: PRL & ASSOCIATES, INC.

FILED Jan 18, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

21155 HELMSMAN DR M-14 AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

21155 HELMSMAN DR P O BOX 800017

M-14 M-14 AVENTUDA EL 22190 AVENTUDA EL

AVENTURA, FL 33180 AVENTURA, FL 33280 00

FEI Number: 65-0819624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LIBERT, PAUL
21155 HELMSMAN DR
21155 HELMSMAN DR
M-14
AVENTURA, FL 33180 US

ROGERS-LIBERT, PATRICIA
21155 HELMSMAN DR
M-14
AVENTURA, FL 33180 US

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: PATRICIA ROGERS-LIBERT 01/18/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: () Change () Addition Name: ROGERS-LIBERT, PATRICIA Name:

 Name:
 ROGERS-LIBERT, PATRICIA
 Name:

 Address:
 21155 HELMSMAN DR, M-14
 Address:

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:

Title: VTD (X) Delete Title: () Change () Addition

 Name:
 LIBERT, PAUL
 Name:

 Address:
 21155 HELMSMAN DR, M-14
 Address:

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA ROGERS-LIBERT DPS 01/18/2005