


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90023 012 \*\*\*150.00

<b>DOCUMENT # P98000040518</b>	
1. Entity Name <b>PROFESSIONAL BUSINESS CONSULTANTS, INC.</b>	

Principal Place of Business <b>201 SO. BISCAYNE BLVD. #3000 MIAMI, FL 33131</b>	Mailing Address <b>201 S. BISCAYNE BLVD 30TH FLOOR MIAMI, FL 33131</b>
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**34064089**

2. Principal Place of Business <b>5257 Cape Leyte Way</b> Suite, Apt. #, etc.	3. Mailing Address <b>5257 Cape Leyte Way</b> Suite, Apt. #, etc.
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07162004 Chg-P CR2E034 (10/03)

City & State <b>Sarasota Florida</b>	City & State <b>Sarasota Florida</b>
Zip <b>34242</b>	Country
Zip <b>34242</b>	Country

4. FEI Number <b>65-1015375</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>B &amp; C CORPORATE SERVICES, INC. 201 SOUTH BISCAYNE BLVD. 30 FLOOR MIAMI, FL 33131</b> <i>change</i>	
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7. Name and Address of New Registered Agent Name <b>RONALD A. SHAPO, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5257 Cape Leyte Way</b> City <b>Sarasota</b> FL Zip Code <b>34242</b>	
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHAPO, RONALD A 201 S. BISCAYNE BLVD. 30TH FL. MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5257 Cape Leyte Way</b> <b>Sarasota, FL 34242</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> _____	<b>7/15/04 (305) 789-2794</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #