## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000000585

Entity Name: P.M.K. CAPITAL ADVISORS, INC.

FILED Jan 10, 2005 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

310 EAST ATLANTIC AVENUE 105 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483

SUITE 200

DELRAY BEACH, FL 33444

**New Mailing Address:** 

**Current Mailing Address:** 

310 EAST ATLANTIC AVENUE 105 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483

SUITE 200

DELRAY BEACH, FL 33444

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

MURPHY, JOHN MURPHY, JOHN 310 E ATLANTIC AVE 105 E. ATLANTIC AVE

DELRAY BEACH, FL 33483 US SUITE 200

DELRAY BEACH, FL 33444 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: 01/10/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

MURPHY, JOHN M MURPHY, JOHN M Name: Name:

310 EAST ATLANTIC AVENUE 105 E ATLANTIC AVE, SUITE 200 Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: DELRAY BEACH, FL 33444

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

Name: ABBOTT, JAMES Name: ABBOTT, JAMES

310 E ATLANTIC AVE 105 E ATLANTIC AVE, SUITE 200 Address: Address: DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33444 City-St-Zip: City-St-Zip:

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

KUMAR, ROGER Name: KUMAR, ROGER Name:

310 E ALTANTIC AVE 105 E ALTANTIC AVE, SUITE 200 Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: DELRAY BEACH, FL 33444

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: JOHN MURPHY DIR 01/10/2005