## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000050726

Entity Name: P-CUBED, INC.

FILED Apr 18, 2004 Secretary of State

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

1415 16TH ST #4 MIAMI, FL 33139

Current Mailing Address: New Mailing Address:

1415 16TH ST #4 C/O 2900 NW 35TH STREET MIAMI, FL 33139 MIAMI, FL 33142

FEI Number: 65-0926030 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:

PARKER, TOM
745 NW 54TH ST
MIAMI, FL 331279

PARKER, TOM
2900 NW 35TH STREET
MIAMI, FL 33142

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: THOMAS PARKER 04/18/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: PAYNE, CLIFTON Name: PAYNE, CLINTON

 Name:
 PAYNE, CLIFTON
 Name:
 PAYNE, CLINTON

 Address:
 801 ANASTASIA AVE
 Address:
 801 ANASTASIA AVE

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:
 CORAL GABLES, FL 33134

Title: VPS () Delete Title: () Change () Addition

 Name:
 PARKER, THOMAS M
 Name:

 Address:
 1415-16TH ST #4
 Address:

 City-St-Zip:
 MIAMI BCH, FL 33139
 City-St-Zip:

Title: VPT ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PLUMMER, DARBY
 Name:

 Address:
 935 CASTILLE PLZ
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 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: THOMAS PARKER VP 04/18/2004