


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000061450**  
 1. Entity Name  
 PCINNOVATOR.COM, INC.



Principal Place of Business 16932 NE 19TH AVENUE N. MIAMI BEACH, FL 33162	Mailing Address 16932 NE 19TH AVENUE N. MIAMI BEACH, FL 33162
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**DO NOT WRITE IN THIS SPACE**



04282007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0918762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LIPSON, STUART A ESQ.  
 16900 NE 19TH AVENUE  
 N. MIAMI BEACH, FL 33162

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$850.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAM, THERESA 16900 NE 19TH AVENUE N. MIAMI BEACH, FL 33162
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 05/18/07-80067-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:  Theresa Lam  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/25/07 Daytime Phone #: 305 606-3245