2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P99000087216

Entity Name: PITRFA, INC.

Current Principal Place of Business:

951 BROKEN SOUND PARKWAY
SUITE 160
BOCA RATON, FL 33487

New Principal Place of Business:

2385 EXECUTIVE CENTER DR
SUITE 100
BOCA RATON, FL 33431

Current Mailing Address:

951 BROKEN SOUND PARKWAY
SUITE 160
BOCA RATON, FL 33487

New Mailing Address:

2385 EXECUTIVE CENTER DR
SUITE 100
BOCA RATON, FL 33431

FEI Number: 65-0949740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFITHS, STACEY L
951 BROKEN SOUND PKWY SUITE 195
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

MOORE, GAIL L
7336 WOODMONT CT
BOCA RATON, FL 33434 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: GAIL MOORE 04/29/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: WYSOCKI, RAYMOND J JR
Address: 45 BARTLETT STREET
City-St-Zip: MARLBOROUGH, MA 01752

Title: PD ( ) Delete
Name: GRILLO, VICTOR N SR
Address: 951 BROKEN SOUND PKWY NW STE 195
City-St-Zip: BOCA RATON, FL 33487

Title: S ( ) Delete
Name: MOORE, GAIL A
Address: 951 BROKEN SOUND PKWY NW STE 195
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: GRILLO, VICTOR N SR
Address: 2385 EXECUTIVE CENTER DR SUITE 100
City-St-Zip: BOCA RATON, FL 33431

Title: S (X) Change ( ) Addition
Name: MOORE, GAIL A
Address: 2385 EXECUTIVE CENTER DR SUITE 100
City-St-Zip: BOCA RATON, FL 33431

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: VICTOR N. GRILLO PD 04/29/2004
Electronic Signature of Signing Officer or Director Date