

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90005 018 ***158.75

DOCUMENT # S20234

1. Entity Name

PRODUCT CENTER CORPORATION



Principal Place of Business

7705 NW 48 ST
STE 120
MIAMI FL 33166
US

Mailing Address

7705 NW 48 ST
STE 120
MIAMI FL 33166
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0274993

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MILLER, EDWARD D
7705 NW 48 STREET
STE 120
MIAMI FL 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MILLER, EDWARD
STREET ADDRESS 7705 NW 48 ST, #120
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME MILLER, EDWARD
STREET ADDRESS 7705 NW 48 ST, #120
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-04

Date

305-592-1170

Daytime Phone #

Attachment

520234

44046027

PRODUCT CENTER CORPORATION
7705 N.W. 48TH STREET SUITE # 120
MIAMI, FLORIDA 33166
PHONE: (305) 592-1170
FAX: (305) 592-7522

May 20, 2004


Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, Fl. 32314

Please find enclosed envelope with a check that was send to you on April 26, 2004; and was return by the U.S. Mail, as you can see, for insufficient address. I do not understand, due to the fact, I sent it exactly the way I am sending it now.

I am sending you this to proof that I did my payment correctly and on time, so we will not be charged extra for getting in your offices after May 1, 2004, according to your rules.

Thank in advance,

Sincerely,


Edward D. Miller
PRESIDENT

Encl.