

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 03, 2005 08:00 AM  
Secretary of State

DOCUMENT # S97767

1. Entity Name  
P.T.P.T., INC.



Principal Place of Business  
C/O MISS ELIZABETH FABRIZIO  
2150 LAKE IDA RD  
DELRAY BEACH, FL 33445

Mailing Address  
2150 LAKE IDA RD  
DELRAY BCH, FL 33445 US



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0299557

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FABRIZIO, ELIZABETH  
940 SWEETWATER LANE APT 415  
BOCA RATON, FL 33431

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 Elizabeth A. Fabrizio Elizabeth A. Fabrizio 2/17/05  
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, 2005 Fee will be \$550.00

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

## 10. OFFICERS AND DIRECTORS

TITLE D  
NAME FABRIZIO, ELIZABETH  
STREET ADDRESS 940 SWEETWATER LANE APT 415  
CITY-ST-ZIP BOCA RATON, FL 33431

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100000249619  
03/03/05-80009-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Elizabeth A. Fabrizio  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05  
Date

Daytime Phone #