


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> V01671 <b>1. Entity Name</b> PRO-TAUGHT, INC.	
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<b>Principal Place of Business</b> 16395 MALIBU DR FORT LAUDERDALE, FL 33326	<b>Mailing Address</b> 16395 MALIBU DR FT. LAUDERDALE, FL 33326
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**WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  BELMONTE, NICHOLAS F. 860 N.E. 173 TERR. MIAMI, FL	
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**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:** \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) **DATE:** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>000000065376</b> <b>02/25/04-80035-008 150.00</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D BELMONTE, NICHOLAS F. 860 N.E. 173 TERR. MIAMI, FL
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**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:**  **2/22/04** **954-873-5286**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #