
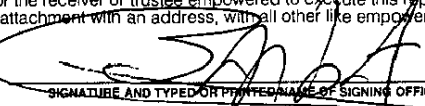


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90217 010 \*\*\*150.00

<b>DOCUMENT # V13049</b>			
1. Entity Name <b>P.B. INVESTORS, INC.</b>			
Principal Place of Business <b>1890 OCEAN DRIVE SOUTH EAST BUILDING #406 HALLANDALE, FL 33009 US</b>		Mailing Address <b>3328 AVENUE TROIE., APT 319 MONTREAL QUEBEC CANADA 43V 1B1,</b>	
2. Principal Place of Business		3. Mailing Address <b>3328 Avenue Troie, apt. 319</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Apt. 319</b>	
City & State		City & State <b>Montreal, Quebec</b>	
Zip	Country	Zip	Country
		<b>H3V 1B1</b>	<b>Canada</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BOHBOT, PERLA 1890 OCEAN DRIVE SOUTH EAST BUILDING #406 HALLANDALE, FL 33009</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS BOHBOT, PERLA 1890 S OCEAN DR, E BLDG #406 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		April 4th 2004 514-392-0055	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

94061891



03022004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0316568**

Applied For  
Not Applicable

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