

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V22605

Entity Name: PYFROM ENTERPRISES, INC.

FILED
Oct 20, 2005
Secretary of State

Current Principal Place of Business:

6909 N. BREVARD AVE.
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

230 N. KENWOOD ST.
230
BURBANK, CA 91505

New Mailing Address:

FEI Number: 59-3131129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PYFROM, STANLEY C. PYFROM GAIL C.
6909 N. BREVARD AVE.
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

CAMINITI, JUDITH A
6909 N. BREVARD AVE.
TAMPA, FL 33604 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: JUDITH A. CAMINITI

10/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PYFROM, STANLEY C.,
Address: 8306 W POCAHONTAS AVE
City-St-Zip: TAMPA, FL

Title: DV (X) Delete
Name: PYFROM, GAIL C.,
Address: 6909 N. BREVARD AVE.
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PYFROM, SHAWN C.,
Address: 6909 N. BREVARD AVE.
City-St-Zip: TAMPA, FL 33604

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

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: SHAWN C. PYFROM

DP

10/20/2005

Electronic Signature of Signing Officer or Director

Date