

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000058235
 1. Entity Name
 2701 PROFESSIONAL BLDG., INC.



Principal Place of Business
 2701 NE 14TH ST CAUSEWAY, SUITE 2
 POMPANO BEACH, FL 33062

Mailing Address
 2701 NE 14TH ST CAUSEWAY, SUITE 2
 POMPANO BEACH, FL 33062



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0942735

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PRADE, THOMAS J
 2701 NE 14TH ST CAUSEWAY, SUITE 2
 POMPANO BEACH, FL 33062

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

1100000175447
 01/10/05-80047-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PSTD
 PRADE, THOMAS J
 2701 NE 14TH ST CAUSEWAY, SUITE 2
 POMPANO BEACH, FL 33062

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-05 954-782-1864
Date Daytime Phone #