


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000007661 1. Entity Name PROEXIS LLC	
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Principal Place of Business 830 LINCOLN ROAD MIAMI BEACH FL 33139	Mailing Address 749 CRANDON BLVD. PH 11 KEY BISCAIYNE FL 33149
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MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #. etc.	Suite, Apt. #. etc.
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City & State	City & State
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4. FEI Number 75-3076190	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CASTILLO, MARTHA CPA
C/O CASTILLO & COMPANY, CPA, PA
2100 PONCE DE LEON, SUITE 1203
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	<input type="checkbox"/> Delete
MGRM	LEAL, JANETTE	<input type="checkbox"/>
STREET ADDRESS	749 CRANDON BLVD., #11	
CITY - ST - ZIP	KEY BISCAIYNE FL 33149	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	U000000093011	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	03/19/04-80031-024 50.00	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] Date: 03/11/04 Davum Phone #: 786 554 8954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE