


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90167 036 ***150.00

DOCUMENT # P02000001055

1. Entity Name
PROLAC SERVICES CORPORATION



| | |
|---|---|
| Principal Place of Business 2451 CENTERGATE DR #107 MIRAMAR, FL 33025 | Mailing Address 2451 CENTERGATE DR #107 MIRAMAR, FL 33025 |
|---|---|

DO NOT WRITE IN THIS SPACE

03282006 No Chg-P CR2E034 (11/05)

4. FEI Number
75-3003463

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

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

6. Name and Address of Current Registered Agent

SAKAY, EDNA M
 12350 SW 132ND CT., #207
 MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROA, ALFREDO L 2451 CENTERGATE DR #107 MIRAMAR, FL 33025 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD VALENCIA, MARI 2451 CENTERGATE DR #107 MIRAMAR, FL 33025 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Alfredo ROA* **03/27/06 (954)431-1667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #