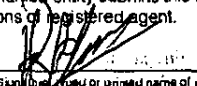
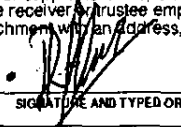


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91166 037 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000011750			
1. Entity Name PROCESSING AND ANALYSIS MANAGEMENT, INC.			
Principal Place of Business 1840 WEST 49TH STREET HALEAH, FL 33012		Mailing Address 1840 WEST 49TH STREET HALEAH, FL 33012	
2. Principal Place of Business 804 PONCE DE LEON BLVD.		3. Mailing Address 1200 NW 78 AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 216	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33134	Country	Zip 33126	Country
4. FEI Number 04-3598334		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANCO, BETTY 1801 CORAL WAY SUITE 204 MIAMI, FL 33146		7. Name and Address of New Registered Agent Name HECTOR LLORENS Street Address (P.O. Box Number is Not Acceptable) 10843 SW 75 TERRACE City MIAMI FL Zip Code 33173	
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  HECTOR LLORENS DATE 4/21/03 Sign the typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LLORENS, HECTOR R 1840 WEST 49TH STREET HALEAH, FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 10843 SW 75 TERRACE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  HECTOR LLORENS PRESIDENT DATE 4/21/03 (305) 443 9132 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/02)