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	Mailing Address
~~1840 WEST 49TH STREET~~ ~~HIALEAH, FL 33012~~	~~1840 WEST 49TH STREET~~ ~~HIALEAH, FL 33012~~

2. Principal Place of Business	3. Mailing Address
804 PONCE DE LEON BLVD.	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

☒ CHECK HERE IF MAKING CHANGES

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 33145~~

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 [signature] HECTOR LLORENS 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	PD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LLORENS, HECTOR R		NAME		
STREET ADDRESS	~~1840 WEST 49TH STREET~~		STREET ADDRESS	10843 SW 75 TERRACE	
CITY-ST-ZIP	~~HIALEAH, FL 33012~~		CITY-ST-ZIP	MIAMI, FL. 33173	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] HECTOR LLORENS PRESIDENT 4/25/03 (305) 443 3132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #