


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90380 008 ***150.00

DOCUMENT # P03000077052

1. Entity Name
PROCESSO PARTNER, INC.



Principal Place of Business Mailing Address
7253 SW 54 COURT **7253 SW 54 COURT**
MIAMI, FL 33143 **MIAMI, FL 33143**


2. Principal Place of Business 3. Mailing Address
7043 SW 53 LANE **7043 SW 53 LANE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL. **MIAMI, FL.**
 Zip Country Zip Country
33155 **33155** **33155** **33155**

4. FEI Number Applied For
20-0088413 Not Applicable

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

04132006 Chg-P CR2E034 (11/05)



6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ORTIZ-COLOMBO, VIMARIE
7253 SW 54 COURT
MIAMI, FL 33143

Name **ORTIZ-COLOMBO, VIMARIE**
 Street Address (P.O. Box Number is Not Acceptable)
7043 SW 53 LANE
 City **MIAMI, FL** Zip Code **33155**

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.

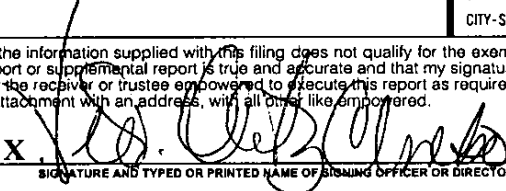
SIGNATURE:  **VIMARIE ORTIZ-COLOMBO** **4/13/06**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	DPST ORTIZ-COLOMBO, VIMARIE 7253 SW 54 COURT MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ORTIZ-COLOMBO, VIMARIE 7043 SW 53 LANE MIAMI, FL. 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMAYA, MICHAEL 7253 SW 54TH COURT MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMAYA, MICHAEL 7043 SW 53 LANE MIAMI, FL. 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **VIMARIE ORTIZ-COLOMBO** **04/13/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #