

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000087576

FILED  
Aug 23, 2004  
Secretary of State

Entity Name: PROTRANS, INC.

## Current Principal Place of Business:

4263 SW 64 AVE  
3  
DAVIE, FL 33314

## New Principal Place of Business:

4263 SW 64 AVE  
4  
DAVIE, FL 33314

## Current Mailing Address:

4263 SW 64 AVE  
3  
DAVIE, FL 33314

## New Mailing Address:

4263 SW 64 AVE  
4  
DAVIE, FL 33314

FEI Number: 65-0623107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORENBERG, ARA  
7201 NW TURTLE WALK  
BOCA RATON, FL 33487

## Name and Address of New Registered Agent:

MORENBERG, ARA  
8791 NW 15 COURT  
PEMBROKE PINES, FL 333024 US

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.

SIGNATURE:

08/23/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: MORENBERG, ARA  
Address: 7201 NW TURTLE WALK  
City-St-Zip: BOCA RATON, FL 33487

Title: V ( ) Delete  
Name: MORENBERG, LAURA A  
Address: 6274 DEVONSHIRE DRIVE  
City-St-Zip: OXFORD, OH 45056

Title: T ( ) Delete  
Name: COCHRAN, MICKEY B  
Address: 7201 NW TURTLE WALK  
City-St-Zip: BOCA RATON, FL 33487

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: COCHRAN, MICKEY B  
Address: 8791 NW 15 COURT  
City-St-Zip: PEMBROKE PINES, FL 33024 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARA MORENBERG

P

08/23/2004

Electronic Signature of Signing Officer or Director

Date