

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90507 003 \*\*\*150.00

DOCUMENT # P97000058484					
1. Entity Name PROPER COMPOSITION INC.					
Principal Place of Business 2742 SOUTH WEST 8TH STREET SUITE 201 MIAMI, FL 33135			Mailing Address 2742 SOUTH WEST 8TH STREET MIAMI, FL 33135		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GONZALEZ, MARA 2742 S.W. 8TH STREET SUITE 201 MIAMI, FL 33135				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
4. FEI Number 65-0764921					
Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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: <i>Mara J. Goyal</i>				DATE: 04-13-05	
Signer's, 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MARA		NAME	Gonzalez Mara	
STREET ADDRESS	2742 SOUTH WEST 8TH STREET, SUITE 201		STREET ADDRESS	2742 S.W. 8 Street #201 Mia-Fl 33135	
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Vice-president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARA, RIVADENEIRA		NAME	Guillermo C. Garcia	
STREET ADDRESS	2742 SOUTH WEST 8TH STREET, SUITE 201		STREET ADDRESS	8420 Grand Canal Drive Miami Fl. 33141	
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Clara Rivadeneira	
STREET ADDRESS			STREET ADDRESS	2742 S.W. 8 Street #201 Mia-Fl. 33135	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Mara J. Goyal</i>				DATE: 05-13-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

400000



04112005 Chg-P CR2E034 (10/03)