

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # F73381 1. Entity Name PROBY AND ASSOCIATES, INC.				Apr 07, 2008 08 Secretary of S	
Principal Place of Business 7300 N KENDALL DR. #519 MIAMI, FL 33156		Mailing Address 7300 N KENDALL DR. #519 MIAMI, FL 33156			
<p style="font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>					
		<div style="text-align: right;"> 04052008 No Chg-P CR2E034 (11/05) </div>			
		4. FEI Number 59-2238650		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CLARK, NATHAN, ESQ. 210 WEST FLAGLER ST MIAMI, FL 33130			<p style="font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>		
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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		U000000005402 04/18/08-80016-001 150.00	
10. OFFICERS AND DIRECTORS					
TITLE	<div style="float: right; width: 50px;">VD</div> PROBY, SANDRA H 13221 SW 69TH CT MIAMI, FL 33156				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<div style="float: right; width: 50px;">PD</div> PROBY, LUCIEN C III 13221 SW 69TH CT MIAMI, FL 33156				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
<p style="font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>					
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: <i>Sandra P. Proby</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/4/08 (305) 251-3671 <small>Daytime Phone #</small>			