

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J16747

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: PROFESSIONAL PRESS, INC.

## Current Principal Place of Business:

2359 WEST 9TH COURT  
HIALEAH, FL 33010

## New Principal Place of Business:

147 ALHAMBRA CIRCLE  
SUITE 214  
CORAL GABLES, FL 33134

## Current Mailing Address:

2359 WEST 9TH COURT  
HIALEAH, FL 33010

## New Mailing Address:

147 ALHAMBRA CIRCLE  
SUITE 214  
CORAL GABLES, FL 33134

FEI Number: 65-0004907

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ABELE, ANA  
2359 W. 9TH CT  
HIALEAH, FL 33010 US

## Name and Address of New Registered Agent:

ABELE, ANA  
147 ALHAMBRA CIRCLE  
SUITE 214  
CORAL GABLES, FL 33134 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:

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ABELE, ANA B  
Address: 2359 WEST 9TH COURT  
City-St-Zip: HIALEAH, FL 33010

Title: S ( ) Delete  
Name: ABELE, KRISTIN B  
Address: 2359 W 9TH CT  
City-St-Zip: HIALEAH, FL 33010

Title: FP ( ) Delete  
Name: ABELE, ANNE L  
Address: 2359 W 9TH CT  
City-St-Zip: HIALEAH, FL 33010

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ABELE, ANA B  
Address: 147 ALHAMBRA CIRCLE, SUITE 214  
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Change ( ) Addition  
Name: ABELE, KRISTIN B  
Address: 147 ALHAMBRA CIRCLE, SUITE 214  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change ( ) Addition  
Name: ABELE, ANNE L  
Address: 147 ALHAMBRA CIRCLE, SUITE 214  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANA ABELE

P

04/10/2007

Electronic Signature of Signing Officer or Director

Date