

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L01752

Entity Name: PROSALUD, INC.

FILED
Mar 01, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 8622
CORAL SPRINGS, FL 33075

New Principal Place of Business:

Current Mailing Address:

PO BOX 8622
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 65-0132328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEIRA, GABRIEL
8333 W MCNAB ROAD
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

NEIRA, RICARDO A.
8333 W MCNAB ROAD
TAMARAC, FL 33321 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: RICARDO A. NEIRA

03/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEIRA, GABRIEL
Address: 8333 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: NEIRA, RICARDO
Address: 8333 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: S () Delete
Name: NEIRA, CLAUDIA
Address: 8333 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: T (X) Delete
Name: NEIRA, RICARDO
Address: 8333 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEIRA, RICARDO A
Address: 8333 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Change () Addition
Name: NEIRA, ALEXANDRA
Address: 8333 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

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

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

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: RICARDO A. NEIRA

P

03/01/2004

Electronic Signature of Signing Officer or Director

Date