

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L01752

Entity Name: PROSALUD, INC.

FILED  
Apr 24, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 8622  
CORAL SPRINGS, FL 33075

## Current Mailing Address:

PO BOX 8622  
CORAL SPRINGS, FL 33075

## New Principal Place of Business:

8333 W MCNAB RD  
129  
TAMARAC, FL 33321

## New Mailing Address:

8333 W MCNAB RD  
129  
TAMARAC, FL 33321

FEI Number: 65-0132328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEIRA, RICARDO A.  
8333 W MCNAB ROAD # 101  
TAMARAC, FL 33321 US

## Name and Address of New Registered Agent:

NEIRA, RICARDO A.  
8333 W MCNAB ROAD # 101  
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 NERIA

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NEIRA, RICARDO A  
Address: 8333 W MCNAB ROAD # 101  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: NEIRA, ALEXANDRA  
Address: 8333 W MCNAB ROAD # 101  
City-St-Zip: TAMARAC, FL 33321

Title: S ( ) Delete  
Name: NEIRA, CLAUDIA  
Address: 8333 W MCNAB ROAD # 101  
City-St-Zip: TAMARAC, FL 33321

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NEIRA, GABRIEL  
Address: 8333 W MCNAB ROAD # 101  
City-St-Zip: TAMARAC, FL 33321

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

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

Title: D ( ) Change (X) Addition  
Name: NEIRA, RICARDO S  
Address: 8333 W MCNAB ROAD # 101  
City-St-Zip: TAMARAC, FL 33321

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: GABRIEL NEIRA

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date