

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2004
Secretary of State**

DOCUMENT# N03000005348

Entity Name: PROFESA NATIONAL, INC.

Current Principal Place of Business:

11613 NW 51ST LANE
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

PO BOX 524288
MIAMI, FL 33152

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNANY, RAUL
11613 NW 51ST LANE
MIAMI, FL 33178

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DUANY, RAUL
Address: 11613 NW 51ST LANE
City-St-Zip: MIAMI, FL 33178

Title: DV () Delete
Name: TORRES, LUIS
Address: 11202 SW 129TH PLACE
City-St-Zip: MIAMI, FL 33186

Title: DS () Delete
Name: DIAZES, HECTOR
Address: 9250 SW 143RD COURT
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: DIAZ, HECTOR
Address: 9250 SW 143RD COURT
City-St-Zip: MIAMI, FL 33186

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS TORRES

DV

05/02/2004

Electronic Signature of Signing Officer or Director

_____ Date