

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005348

FILED
Apr 26, 2008
Secretary of State

Entity Name: PROFESA NATIONAL, INC.

Current Principal Place of Business:

9350 SUNSET DRIVE
112
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

PO BOX 524288
MIAMI, FL 33152

New Mailing Address:

FEI Number: 20-0074114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORDERO, EDWIN
9350 SUNSET DRIVE
112
MIAMI, FL 33173 US

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: CORDERO, EDWIN
Address: 9350 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33173

Title: DV () Delete
Name: RAMIREZ, RONALD
Address: 15234 SW 40 STREET
City-St-Zip: DAVIE, FL 33331

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

Title: D (X) Delete
Name: LOPEZ, CONRADO
Address: 9913 NW 31 ST.
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: CORDERO, EDWIN
Address: 9350 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33173

Title: DP (X) Change () Addition
Name: ROSA, SANDRA
Address: 9975 NW 46 ST APT. 106
City-St-Zip: DORAL, FL 33176

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

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA ROSA

DP

04/26/2008

Electronic Signature of Signing Officer or Director

Date