2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# P00000022179

Entity Name: PROKONSULT BUSINESS ADMINISTRATION COMPANY

Current Principal Place of Business:

3739 NE-214TH STREET
AVENTURA, FL 331804016

New Principal Place of Business:

C/O N HUERTAS & ASSOC., PA
9240 SW - 72ND STREET (SUNSET DRIVE)
MIAMI, FL 33173

Current Mailing Address:

3739 NE-214TH STREET
AVENTURA, FL 331804016

New Mailing Address:

C/O N HUERTAS & ASSOC., PA
9240 SW - 72ND STREET (SUNSET DRIVE)
MIAMI, FL 33173

FEI Number: 65-0988532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARRUDA, LINEU J
3739 NE-214TH STREET
AVENTURA, FL 331804016 US

Name and Address of New Registered Agent:

ARRUDA, LINEU J
1689 PASSION DRIVE CIRCLE
WESTON, FL 33326 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: LINEU J ARRUDA 01/24/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MR ( ) Delete
Name: ARRUDA, LINEU J PRES
Address: 3739 NE - 214TH STREET
City-St-Zip: AVENTURA, FL 331804016 US

Title: MR (X) Delete
Name: ARRUDA, MAURICIO L V.PRES
Address: 3739 NE - 214TH STREET
City-St-Zip: AVENTURA, FL 331804016 US

Title: MRS (X) Delete
Name: ARRUDA, IRIS J DIR
Address: 3739 NE - 214TH STREET
City-St-Zip: AVENTURA, FL 331804016 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition
Name: ARRUDA, LINEU J PRES
Address: 1689 PASSION DRIVE CIRCLE
City-St-Zip: WESTON, FL 33326 US

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: LINEU J ARRUDA MR 01/24/2005
Electronic Signature of Signing Officer or Director Date