FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90118 034 ***150.00

DOCUMENT # P00000056642

1. Entity Name

PROCOMFORT ENTERPRISES GROUP, CORP.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
252 THREE ISLANDS BLVD	P.O. BOX 1405
Suite, Apt. #, etc.: 306	Suite, Apt. #, etc.:
City & State: HALLANDALE BEACH, FL	City & State: HALLANDALE BEACH, FL
Zip: 33009 Country: US	Zip: 33008-1405 Country: US

4. FEI Number: 65-1030936 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: EDUARDO JIMENEZ

Street Address (P.O. Box Numbers Not Acceptable): 252 THREE ISLANDS BLVD SUITE # 306

City: HALLANDALE BEACH, FL FL Zip Code: 33009

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD ANAMARIA JIMENEZ P.O. BOX 1405 HALLANDALE, FL 33008-1405
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD EDUARDO JIMENEZ P.O. BOX 1405 HALLANDALE, FL 33008-1405
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Eduardo Jimenez VP 3/2/03 954-927-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #