


AMENDED.

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 OCT -4 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000078360	
1. Entity Name PRODECOM INTERNATIONAL CORPORATION	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 9990 NW 14 Street Suite, Apt. #, etc. Suite 109 City & State Miami, FL Zip 33172 Country	3. Mailing Address 9990 NW 14 Street Suite, Apt. #, etc. Suite 109 City & State Miami, FL Zip 33172 Country
---	---

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1034125	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent
	Name SILVA CASTRO, CARLOS AUGUSTO
	Street Address (P.O. Box Number is Not Acceptable) 6914 MINDELO STREET
	City CORAL GABLES FL Zip Code 33144

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  SILVA CASTRO, CARLOS AUGUSTO 09/29/04  
(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	PSD SILVA CASTRO, CARLOS AUGUSTO 6914 Mindelo St., Coral Gables, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700041582527 10/04/04--01078--009 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LOPEZ, LUIS ALBERTO 9990 NW 14 St., Miami, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, LUIS ALBERTO 9990 NW 14 St., Miami, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE:  SILVA CASTRO, CARLOS A. 09/29/04 (305) 715-7272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)