2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005
Secretary of State

DOCUMENT# P00000078360

Entity Name: PRODECOM INTERNATIONAL CORPORATION

Current Principal Place of Business:

9990 NW 14 STREET, STE. 109
MIAMI, FL 33172

New Principal Place of Business:

9990 NW 14 STREET, STE. 109
109
MIAMI, FL 33172

Current Mailing Address:

9990 NW 14 STREET, STE. 109
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-1034125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVA CASTRO, CARLOS AUGUSTO
6914 MINDELO STREET
CORAL GABLES, FL 33144 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: SILVA-CASTRO, CARLOS AUGUSTO
Address: 6914 MINDELO STREET
City-St-Zip: CORAL GABLES, FL 33144

Title: CEO ( ) Delete
Name: LOPEZ, LUIS ALBERTO
Address: 9990 NW 14 STREET
City-St-Zip: MIAMI, FL 33172

Title: VD ( ) Delete
Name: LOPEZ, LUIS ALBERTO
Address: 9990 NW 14 STREET, STE. 109
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SILVA, CARLOS PSD 01/20/2005

Electronic Signature of Signing Officer or Director Date