FILED May 02, 2003 8:00 am Secretary of State

Davime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR 05-02-2003 90745 012 ***150.00 DOCUMENT # P0000083835 1. Entity Name PROIMAGEN CORP. Principal Place of Business Mailing Address 1675 MARKET ST 1675 MARKET ST STE 203 STE 203 WESTON, FL 33326 WESTON, FL 33326 2. Principal Place of Business 3. Mailing Address 1640 TOWN CRUTER CIR, 1640 Town CENTER CiR Suite Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES SUITE 206 206 City & State City & State 4. FFI Number Applied For WESTON, FL 65-1056623 WRSTON Not Applicable Country \$8.75 Additional AZU 5. Certificate of Status Desired AZU 33326 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GBS CONSULTANTS GONZALEZ, DON ESQ 9050 PINES BLVD SUITE 450-F Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES, FL 33024 306 a. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agents strature required when reinstating FILE NOWILL FEE IS \$150:00 After May 1, 2003 Fee will be \$550:00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 70 TITLE ☐ Delete TITLE Change : Addition CUBA, JAIRD CENTER CIRCLE STE: 206 CUBA, JAIRO NAME NAME 14004 FOREST OAK CIRCLE STREET ADDRESS STREET ADDRESS **DAVIE, FL 33331** CITY-ST-ZP COY-ST-ZIP WESTON, FL 33326 TITLE TITLE Channe Addition ☐ Delete LOPEZ ARRUS NAME LOPEZ, ARELIS NAME 1640 TOWN CENTER GIRCLE STE: 206 14004 FOREST OAK CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZP **DAVIE, FL 33331**1 CITY-ST-ZIP WESTON, FL 33326 TITLE <u>az</u> Addition TITLE Delete Change POURDA, DAVID NAME POVEDA, DAVID NAME 1640 TOWN CENTER CIRCLE STE 1206 14004 FOREST OAK CIRCLE STREET ADDRESS STREET ADDRESS WRSTON, FL 33324 **DAVIE, FL 33331** CITY-ST-ZIP CITY-ST-20 Shange TITLE N Delete TITLE Addition NAME GUERRERO, HERNAN NAME 14004 FOREST OAK CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZP **DAVIE. FL 33331** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-57-2P CITY-ST-ZIP TITLE ☐ Delete 1016 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-2P CRY-51-7IP 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 of 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 of the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachilept with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED MANIE OF SIGNING OFFICER OR DIRECTOR