

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000088714

Entity Name: PROMIACA, INC.

FILED
Apr 19, 2004
Secretary of State

Current Principal Place of Business:

941 NW 48TH AVE
COCONUT CREEK, FL 33063

New Principal Place of Business:

Current Mailing Address:

941 NW 48TH AVE
COCONUT CREEK, FL 33063

New Mailing Address:

FEI Number: 65-1034831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, JOEL
1625 N COMMERCE PKWY STE 225
WESTON, FL 33326 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: V () Delete
Name: LEVIN, SCOTT
Address: 1180 S POWERLINE ROAD STE 208
City-St-Zip: POMPANO BEACH, FL 33069

Title: P () Delete
Name: BONHOMME, KARL
Address: 1180 S POWERLINE ROAD STE 208
City-St-Zip: POMPANO BEACH, FL 33069

Title: ST (X) Delete
Name: BOPP, GORDON
Address: 1180 S POWERLINE ROAD STE 208
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEVIN, SCOTT
Address: 4610 BELLA VISTA DR.
City-St-Zip: LONGMONT, CO 80503

Title: ST (X) Change () Addition
Name: SCHROEDER, RHEA
Address: 4610 BELLA VISTA DR.
City-St-Zip: LONGMONT, CO 80503

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: SCOTT M. LEVIN

P

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date