## 2005 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Feb 25, 2005 08:00 AM **DOCUMENT # P00000100125 Secretary of State** 1. Entity Name PRODAR CORPORATION Principal Place of Business .... Mailing Address 3040 STANFORD ROAD 3040 STANFORD ROAD WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 CR2E034 (10/03) 02162005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1063363 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BREITFELD, DIEGO A DO NOT WRITE 3040 STANFORD ROAD #2 WEST PALM BEACH, FL 33405 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE BREITFELD, DIEGO A NAME STREET ADDRESS 3040 STANFORD ROAD #2 WEST PALM BEACH, FL 33405 CITY-ST-ZIP U00000243662 25/05-80050-007 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000243662 TITLE 02/25/05-80050-008 8.75 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TETLE NAME STREET ADDRESS

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Diego A. Breitfeld, President

02/18/05 (561) 562-8033