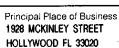
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90131 009 ***158.75

DOCUMENT # P00000100125		
. Entity Name PRODAR CORPORATION	-	
		OO WE



Mailing Address 1928 MCKINLEY STREET HOLLYWOOD FL 33020

									1818 (188) BJD 1881	
2. Principal Place of Business 1928 MCKi NLEY STREET 3. Mailing Address SME						1 10041002 111 50111 50111 05111 06111 6011	II)IBII 4 BII) 6818) I	(818 (188) 8111 188)		
	ite, Apt. #, etc. Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			SES			
City & State HOLLY WOOD, FLORIDA City &		City & State	y & State			4. FEI Number 65-1063363		Applied For Not Applicable		
Zip 33020 Country U. S. Zip			Zip	Country			Certificate of Status Desired	\$8.75 Fee Req	Additional uired	
<u>i</u>	6. Name	and Address of Curre	ent Registered Agent			7. Name and Address of New Registered Agent				
				- 3	Name BREITFELD, DIEGO A.					
Breitfeld, Diego A 1928 McKinley Street				Street Address (P.O. Box Number is Not Acceptable) 1928 MCKINLEY STREET						
HOLLYWOOD FL 33020										
4 41:	4 20						WOOD	FL Zipd	33020	
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 ag	gent and title if applicable. (NC	TE: Registere	d Agent signature requ	uired when re	einstating)	DATE		
Attan May 1 2002 Foo will be REFO 00						Election Campaign Financi Trust Fund Contribution.	Ā	5.00 May Be dded to Fees		
10.		OFFICERS A	ND DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1928 MCK	D, DIEGO A KINLEY STREET OOD FL 33020	☐ Delete				• •	☐ Char	nge 🗌 Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Chai	nge 🗌 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	arthursannin .		Delete		·		و کی با بعد است کار از ۱۰۰۰ ماهی همیست را با بایدین	☐ Char	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Char	nge Addition	
TITLE NAME STREET ADDRESS (CITY-ST-ZIP	-		☐ Delete					☐ Char	nge `	
TITLE NAME STREET AODRESS CITY-ST-ZIP			☐ Delete					☐ Char	nge 🗀 Addition	

12. I hereby certify that the information supplied with this filling 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 trustee 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 an address, with all ther like empowered.

Die O A. Britzen DIEGO A. BREITFELD

SIGNATURE:

PRESIDENT