

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90235 038 \*\*\*150.00

DOCUMENT # P00000103993



1. Entity Name  
PRODELT INC.

Principal Place of Business *5030 Elmhurst Rd. Apto H West Palm Beach FL 33417*  
 833C SOCIETY HILL DR. Apto H  
 W. PALM BCH FL 33415  
 US West Palm Beach FL 33417

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number *65-1072476* (65-1072467) Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

*VARON, JOSE E*  
*833C SOCIETY HILL DR. Apto H. West Palm Beach FL 33417*  
 W. PALM BCH FL 33415

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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]*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! 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 Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME VARON, JOSE E STREET ADDRESS 833C SOCIETY HILL DR. CITY-ST-ZIP W. PALM BCH FL 33415	<input type="checkbox"/> Delete	TITLE P NAME Varon Jose E STREET ADDRESS 5030 Elmhurst rd. West Palm Beach FL CITY-ST-ZIP 33417	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME ARIAS, ROBERTO H STREET ADDRESS 833C SOCIETY HILL DR. CITY-ST-ZIP WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	TITLE NAME ARIAS Roberto H STREET ADDRESS 5030 Elmhurst rd. West Palm Beach FL CITY-ST-ZIP 33417	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME CASTRO, LUZ MARY STREET ADDRESS 833C SOCIETY HILL DR. CITY-ST-ZIP WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	TITLE NAME Castro Luz Mary STREET ADDRESS 5030 Elmhurst rd West Palm Beach FL CITY-ST-ZIP 33417	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

Attachment FAX OF. JARKIE  
80067463  
5867894  
(561) 586 7894

State Of Florida

~~Profelt Inc.  
833 C Society Hill Dr  
West Palm Beach FL, 33415  
Document # P00000103993~~

To Whom It May Concern:

I received my Uniform Business report for this year 2003. I am writing because I noticed that the federal ID numbers are different from the first time I incorporated. The correct FEIN # is **65-1072467** NOT **65-1072476** I am sending you a copy of the old Document number along with the new Uniform Business report and the \$150.00 check If you have any question please contact me at 561-687-4155

Thank you,

Jose Varon

TeleFAX  
561-6874155