

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90089 037 ***150.00

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1. Entity Name
PROQUIMIA CORP.

Principal Place of Business
1130 NW 159 DR
MIAMI FL 33169

Mailing Address
1130 NW 159 DR
MIAMI FL 33169



2. Principal Place of Business
8001 NW 29 STREET

3. Mailing Address
8001 NW 29 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK-HERE IF MAKING CHANGES

City & State
MIAMI - FLORIDA

City & State
MIAMI - FLORIDA

4. FEI Number 65-1058255

Applied For
Not Applicable

Zip 33122

Country

Zip 33122

Country

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

ESPARZA, JOSE J
1130 NW 159 DR
MIAMI FL 33169

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, 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	MGRP	<input type="checkbox"/> Delete
NAME	ESPARZA, JOSE J	
STREET ADDRESS	1130 NW 159 DR	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VSMG	<input type="checkbox"/> Delete
NAME	PFEIFFER, MARC A	
STREET ADDRESS	1130 NW 159 DR	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPARZA, JOSE J	
STREET ADDRESS	2501 S DOUGLAS ROAD # 606	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	VSMG	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEIFFER, MARC A.	
STREET ADDRESS	706 NW 128 PL	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED JOSE J. ESPARZA 01/28/03 305-629-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)