


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

FILED
Jul 07, 2003 8:00 am
Secretary of State

04-17-2003 90142 010 ***150.00

DOCUMENT # **P01000065116**

1. Entity Name
PROINPE, CORP.



Principal Place of Business
**782 NW 42 AVE., STE. 637
MIAMI FL 33126**

Mailing Address
**782 NW 42 AVE., STE. 637
MIAMI FL 33126**

55050549



2. Principal Place of Business
10553 NW. 53 rd

3. Mailing Address
10553 NW. 53 rd

State, Apt. #, etc.
Street

City & State
SUNRISE FL.

CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1123803

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

33351 USA 33351 USA

6. Name and Address of Current Registered Agent
**MAZZA-MARTINEZ, TANIA A
782 NW 42 AVE., STE. 637
MIAMI FL 33126**

7. Name and Address of New Registered Agent
Name: **Solis Rojas**
Street Address: **3860 West GARDENIA AVENUE**
City: **Weston** FL 33332

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]* **Solis Rojas** 07/07/03

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 Added to Fee

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: ROJAS, SOLIS STREET ADDRESS: 782 NW 42 AVE., STE. 637 CITY-ST-ZIP: MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE: VD NAME: DE ROJAS, MARIA C STREET ADDRESS: 782 NW 42 AVE., STE. 637 CITY-ST-ZIP: MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE: GMD NAME: ROJAS, REBECA C STREET ADDRESS: 782 NW 42 AVE., STE. 637 CITY-ST-ZIP: MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE: D NAME: ROJAS, PEDRO J STREET ADDRESS: 782 NW 42 AVE., STE. 637 CITY-ST-ZIP: MIAMI FL 33126	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: ROJAS, SOLI E STREET ADDRESS: 782 NW 42 AVE., STE. 637 CITY-ST-ZIP: MIAMI FL 33126	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: ROJAS, JOSE A STREET ADDRESS: 782 NW 42 AVE., STE. 637 CITY-ST-ZIP: MIAMI FL 33126	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: Solis Rojas STREET ADDRESS: 3860 West GARDENIA Avenue CITY-ST-ZIP: WESTON FL 33332	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: VD NAME: DE Rojas MARIA STREET ADDRESS: SAME ABOVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: GMD NAME: Rojas Rebeca STREET ADDRESS: SAME ABOVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

Attachment



55050549

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 13, 2003

PROINPE, CORP.
869 BRIAR RIDGE ROAD
WESTON, FL 33327

SUBJECT: PROINPE, CORP.
Ref. Number: P01000065116

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To insure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 488-9000.

Division of Corporations

Letter Number: 803A00036885

Our excuses by the error
We annexed copy of the
form with the corrections
of the new address and
new agent
Thank a lot

A handwritten signature in black ink, appearing to be "Solis Rojas".

Solis Rojas P.D.
PROINPE, Corp.

P/Fax = 954-385-2787