2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000116664

1. Entity Name
PROL HOME IMPROVEMENT INC.

44006289

Principal Place of Business	Mailing Address
30325 S.W. 154TH COURT LEISURE CITY, FL 33033	PO BOX 924199 PRINCETON, FL 33092

01242004   Chg-P   CR2E034 (10/03)

2. Principal Place of Business 14200 SW 182 AVENUE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FLORIDA	City & State	4. FEI Number 65-1157488	Applied For / Not Applicable

Zip 33196	Country	Zip	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
PROL, JOSE M 30325 S.W. 154TH COURT LEISURE CITY, FL 33033	Name PROL, JOSE M. Street Address (P.O. Box Number is Not Acceptable) 14200 SW 182 AVENUE City MIAMI FL Zip Code 33196

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: _Jose M. Prol_   President   Jose M. Prol   1-29-04
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, 2004 Fee will be $550.00

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	PD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	PROL, JOSE M		NAME				
STREET ADDRESS	PO BOX 924199		STREET ADDRESS				
CITY-ST-ZIP	PRINCETON, FL 33092		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: _Jose M. Prol_   Jose M. Prol   President   1-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #