2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2007 08:00 A State

	AIIIIVAL	<u> </u>	_	7		α ,	CC
DOCUMENT # P0200004906 1. Entity Name PRONTO BUSINESS, INC.						Secretar	y of S
Principal Plac	e of Business	Mailing Address					
7360 CORAL	_ WAY	7360 CORAL WAY					
STE 21	0475	STE 21					
MIAMI, FL 3	3155	MIAMI, FL 33155			I MWIRIN (RING) WING)) WING)	en warr wani kinik inti berida di	
			02162007	No Chg-P	CR2E034 (11/05)		
DO NOT WRITE IN THIS SPAC			CE	4. FEI Numb	Ar	l Ac	plied For
				65-045) 	t Applicable
				5. Certificate	of Status Desired	\$8.75 Add	
	6. Name and Address of Current Re	gistered Agent		L		, es require	<u> </u>
CODONA	DO NEOZOD]			٠		
7360 COR	DO, NESTOR AL WAY		DO	NOT W	RITE		
STE 21				INI "	THIS SF	ACE	
MIAMI, FL 33155				11.4	i miə ər	ACE	
8. The above	named entity submits this statement for thions of registered agent.	e purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Fl	orida I am familiar with,	and accept
the obligat	norte di rogistoroa agom.						
SIGNATURE_	Signature typed or printed name of registered agent and	the Lapplicable (NOTE Registere	ed Agan) signature require	when reinstating)	Jöña	00648307	
		,			 03/07/0	ET COMPTIONS	150.00
FIL , After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS		•			
TITLE	D UESTOR SOROMARS		•				
NAME STREET ADDRESS	NESTOR, CORONADO 7360 CORAL WAT STE 21						
CITY-S1-ZIP	MIAMI, FL 33155						
TITLE			1		•		
NAME							
STREET ADDRESS							
CITY-ST-ZIP			-[
NAME.							
STREET ADDRESS				20	NOT 14	/DITE	
CITY-ST-ZIP				DO	NOT W	KIIE	
1111.E				IN '	THIS SE	PACE	
NAME EXPECT ADDRESS				114		,	
STREET ADDRESS CITY-ST-ZIP							
TOTLE			1				
NAME			1				
STREET ADDRESS							
CITY-S1-ZIP			_				
TITLE							
NAME STREET ADDRESS				•			
CDY-S1-ZP							

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

Daylime Phone #