

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90470 020 ***150.00

DOCUMENT # P02000050382					
1. Entity Name PRAYCO INC.					
Principal Place of Business 2545 WEST 80 STREET 11 HIALEAH, FL 33016			Mailing Address 1470 NW 126TH LANE SUNRISE, FL 33323		
2. Principal Place of Business		3. Mailing Address 2545 WEST 80 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #11			
City & State		City & State HIALEAH FL			
Zip		Country		Zip 33016	
Country USA		4. FEI Number 04-3659911			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRADA, CESAR 1470 NW 126TH LANE SUNRISE, FL 33323			7. Name and Address of New Registered Agent Name <u>PRADA, CESAR</u> Street Address (P.O. Box Number is Not Acceptable) 1021 SW 117 TERACE City <u>DAVIE</u> FL Zip Code <u>33325</u>		
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 <u>[Signature]</u> DATE <u>4-21-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRADA, CESAR 1470 NW 126TH LANE SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PRADA, VICTOR A 2545 WEST 80 STREET #11 HIALEAH FL 33016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PARD, VICTOR A 1470 NW 126 LANE SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PRADA ELIZABETH 2545 WEST 80 STREET #11 HIALEAH FL 33016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PAADA, ELIZABETH 1470 NW 126 LANE SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
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: <u>[Signature]</u>			CESAR A. PRADA (954) 554-0901		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		