

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-26-2004 90473 030 ***150.00

DOCUMENT # P02000079707

1. Entity Name

PROCUSERVE, INC.



Principal Place of Business

7255 NW 44 STREET
MIAMI FL 33166

Mailing Address

7255 NW 44 STREET
MIAMI FL 33166

2. Principal Place of Business

4005 N.W. 114th Ave Suite 23

3. Mailing Address

4005 N.W. 114th Ave Suite 23

Suite, Apt. #, etc.

23

Suite, Apt. #, etc.

23

City & State

DORAL FL

City & State

DORAL FL

Zip

33178-4373

Country

USA

Zip

33178-4373

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

02-0634348

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLOS BARRERA, JUAN
7255 NW 44 STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name: BARRERA JUAN CARLOS

Street Address (P.O. Box Number is Not Acceptable)
4005 N.W. 114th Ave Suite 23

City DORAL

FL

Zip Code 33178-4373

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

Juan Carlos Barrera

JUAN CARLOS BARRERA TD

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

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

TITLE PD
NAME LAFONTANT, CLAUDE G
STREET ADDRESS 7255 NW 44 STREET
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE TD
NAME BARRERA, JUAN C
STREET ADDRESS 7255 NW 44 STREET
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE VPD
NAME INNIS, CARL
STREET ADDRESS 7255 NW 44 STREET
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Juan Carlos Barrera

JUAN CARLOS BARRERA

04/25/04

305-437-9833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #