


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90274 015 ***158.75

DOCUMENT # P02000079707		
1. Entity Name PROCUSERVE, INC.		

Principal Place of Business 4005 NW 114TH AVE STE 23 MIAMI, FL 33178-4373	Mailing Address 4005 NW 114TH AVE STE 23 MIAMI, FL 33178-4373
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2. Principal Place of Business 4005 NW 114TH AVE STE 23	3. Mailing Address 4005 NW 114TH AVE STE 23
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DORAL, FL	City & State DORAL, FL
Zip 33178	Zip 33178
Country	Country

04262005 Chg-P CR2E034 (10/03)

4. FEI Number 02-0634348	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARLOS BARRERA, JUAN 4005 NW 114TH AVE STE 23 MIAMI, FL 33178-4373	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** 04/25/05 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAFONTANT, CLAUDE G 7255 NW 44 STREET MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAFONTANT, CLAUDE G. 4005 N.W. 114TH AVE. STE. 23 DORAL, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARRERA, JUAN C 7255 NW 44 STREET MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARRERA, JUAN C. 4005 N.W. 114TH AVE. STE. 23 DORAL, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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** 04/25/05 (305) 437-9833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #