

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079707

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: PROCUSERVE, INC.

## Current Principal Place of Business:

4005 NW 114TH AVE STE 23  
MIAMI, FL 331784373

## New Principal Place of Business:

2470 NW 102ND PLACE, SUITE 104  
DORAL, FL 33172

## Current Mailing Address:

4005 NW 114TH AVE STE 23  
MIAMI, FL 331784373

## New Mailing Address:

2470 NW 102ND PLACE, SUITE 104  
DORAL, FL 33172

FEI Number: 02-0634348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARLOS BARRERA, JUAN  
4005 NW 114TH AVE STE 23  
MIAMI, FL 331784373 US

## Name and Address of New Registered Agent:

LAFONTANT, CLAUDE  
2470 NW 102ND PLACE, SUITE 104  
DORAL, FL 33172 US

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.

SIGNATURE: CLAUDE LAFONTANT

04/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LAFONTANT, CLAUDE G  
Address: 4005 NW 114TH AVE, SUITE 23  
City-St-Zip: DORAL, FL 33178

Title: TD ( ) Delete  
Name: BARRERA, JUAN C  
Address: 7255 NW 44 STREET  
City-St-Zip: DORAL, FL 33166

Title: DV (X) Delete  
Name: INNIS, CARL  
Address: 4005 NW 114TH AVE, SUITE 23  
City-St-Zip: DORAL, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LAFONTANT, CLAUDE G  
Address: 2470 NW 102ND PLACE, SUITE 104  
City-St-Zip: DORAL, FL 33172

Title: TD (X) Change ( ) Addition  
Name: INNISS, CARL  
Address: 2470 NW 102ND PLACE, SUITE 104  
City-St-Zip: DORAL, FL 33172

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE LAFONTANT

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date