

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90241 019 ***150.00

DOCUMENT # P02000113580 1. Entity Name PRO MANAGEMENT USA, INC.																													
Principal Place of Business 6901 OKEECHOBEE BLVD. W. D-7 WEST PALM BEACH, FL 33411			Mailing Address 6901 OKEECHOBEE BLVD. W. D-7 WEST PALM BEACH, FL 33411																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip		Country		Zip																									
Country		Country																											
6. Name and Address of Current Registered Agent MEJIA, JUAN C PRESIDE 6901 OKEECHOBEE BLVD. W. D-7 WEST PALM BEACH, FL 33411				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5089 Saturn Ring Ct. City Greenacres FL Zip Code 33463																									
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><i>Juan C. Mejia</i></u> JUAN C. MEJIA <u>April 8/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
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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: <u><i>Juan C. Mejia</i></u> JUAN C. MEJIA <u>April 8/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

04030204



04062004 Chg-P CR2E034 (10/03)

4. FEI Number **41-2069033** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)

5089 Saturn Ring Ct.
City **Greenacres** **FL** Zip Code **33463**

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 C. Mejia* **JUAN C. MEJIA** April 8/04
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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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