

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90010 007 \*\*\*150.00

**DOCUMENT # P02000128208**

1. Entity Name  
**PROFICIO, INC.**



Principal Place of Business  
**637 WILLOW BEND RD  
WESTON, FL 33327**

Mailing Address  
**637 WILLOW BEND RD  
WESTON, FL 33327**

**94024194**



2. Principal Place of Business

**6560 Plantation Preserve Circle**

3. Mailing Address

Suite, Apt. #, etc.

02182004

Chg-P

CR2E034 (10/03)

City & State

**Ft. Myers Florida 33912**

City & State

4. FEI Number

**47-0901156**

Applied For

Not Applicable

Zip  
**33912**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RAMIREZ, HERNAN  
637 WILLOW BEND RD  
WESTON, FL 33327**

7. Name and Address of New Registered Agent

Name **HERNAN RAMIREZ**

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

**6560 Plantation Preserve Circle**

City **Ft. Myers**

**FL**

Zip Code

**33912**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/22/04**

**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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME **RAMIREZ, HERNAN**  
STREET ADDRESS **637 WILLOW BEND RD**  
CITY-ST-ZIP **WESTON, FL 33327**

TITLE VD ☐ Delete  
NAME **POSADA, HERNANDO J**  
STREET ADDRESS **637 WILLOW BEND RD**  
CITY-ST-ZIP **WESTON, FL 33327**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **HERNAN RAMIREZ**  
STREET ADDRESS **6560 Plantation Preserve Circle**  
CITY-ST-ZIP **Ft Myers FL 33912**

TITLE ☒ Change ☐ Addition  
NAME **Posada Hernando**  
STREET ADDRESS **6560 Plantation Preserve Circle**  
CITY-ST-ZIP **Ft Myers FL 33912**

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/22/04**

Date

Daytime Phone #