## **2005 FOR PROFIT CORPORATION**

### **ANNUAL REPORT**

DOCUMENT # P03000004607 1. Entity Name

PROCON DEVELOPMENT, INC.

Principal Place of Business

12211 SW 129 COURT MIAMI, FL 33186

Mailing Address

12211 SW 129 COURT MIAMI, FL 33186

# **FILED** Feb 02, 2005 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01242005 No Chg-P CR2E034 (10/03) Applied For 4. FE! Number 55-0817302 Not Applicable

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

6. Name and Address of Current Registered Agent

LEMUS, HOWARD 8903 SW 102 PL. MIAMI, FL 33176

SIGNATURE:

#### DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pations of registered agent.	surpose of changing its re	gistered office	or registered a	gent, or both, in	the State of Florid	da. I am familiar	with, and accept	t
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: F	Registered Agent sign	nature required whon	reinstating)		DATE	<del></del> •	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			Fees	U00000210208 02/02/05-80070-010 150 in			
10.	OFFICERS AND DIREC	TORS						<u> </u>	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEMUS, HOWARD 8903 SW 102 PL. MIAMI, FL 33176								_
TITLE NAME STREET ADDRESS CITY-ST-ZIP						•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO N	OT WE	RITE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP					IN TH	IIS SPA	ACE		
TITLE Name Street address City-St-Zip									
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,			<del></del>	1 		-
12. I hereby of indicated of the corp changed,	certify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the accurate and that my to execute this report as other tike empowered.	e exemption sta signature shall required by Ch	ated in Section have the same hapter 607, Flor	119.07(3)(i), Fic legal effect as i rida Statutes; an	orida Statutes. I fu f made under oat d that my name a	orther certify that t h; that I am an off appears in Block	he information licer or director 10 or Block 11 if	