

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90376 012 ***158.75

DOCUMENT # P03000039197
 1. Entity Name
 PROCESSING CENTER OF FLA., INC.



Principal Place of Business Mailing Address
 782 N.W. 42ND AVENUE, #440 782 N.W. 42ND AVENUE, #440
 MIAMI, FL 33126 MIAMI, FL 33126

2. Principal Place of Business 3. Mailing Address
 782 N.W. 42 AVENUE 782 N.W. 42 AVENUE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE 433 SUITE 433
 City & State City & State
 MIAMI FL MIAMI FL
 Zip Country Zip Country
 33126 USA 33126 USA



04112006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1184381 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ARECES, RAMIRO A
 782 N.W. 42ND AVENUE, #440
 MIAMI, FL 33126

7. Name and Address of New Registered Agent
 Name SANR
 Street Address (P.O. Box Number is Not Acceptable)
 782 N.W. 42 AVENUE, SUITE 433
 City MIAMI FL Zip Code 33126

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 RAMIRO A. ARECES DATE 04.11.2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MORALES, EVA	
STREET ADDRESS	2356 S.W. 15TH STREET	
CITY - ST - ZIP	MIAMI, FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] Date 04.11.2006 Daytime Phone # 305-460-0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR