

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90287 017 \*\*\*150.00

<b>DOCUMENT # P03000055587</b>											
<b>1. Entity Name</b> H.R. PROEXPORT, INC.											
<b>Principal Place of Business</b> 1525 CANTORIA AVENUE CORAL GABLES, FL 33146			<b>Mailing Address</b> 1525 CANTORIA AVENUE CORAL GABLES, FL 33146								
<b>2. Principal Place of Business</b> 1520 Algard Ave Suite, Apt. #, etc.			<b>3. Mailing Address</b> 1520 Algard Ave Suite, Apt. #, etc.								
<b>City &amp; State</b> Coral Gables, FL <b>Zip</b> 33146		<b>City &amp; State</b> Coral Gables, FL <b>Zip</b> 33146		<b>4. FEI Number</b> 76-0735369 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>Applied For</b></td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		<b>Applied For</b>	Not Applicable				
<b>Applied For</b>											
Not Applicable											
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>											
<b>6. Name and Address of Current Registered Agent</b>  TORRES, MICHELLE M 1525 CANTORIA AVENUE CORAL GABLES, FL 33146			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>Name</b></td> <td style="padding: 2px;">Torre Michelle M</td> </tr> <tr> <td style="padding: 2px;"><b>Street Address (P.O. Box Number is Not Acceptable)</b></td> <td style="padding: 2px;">1520 Algard Ave</td> </tr> <tr> <td style="padding: 2px;"><b>City</b></td> <td style="padding: 2px;">MIAMI FL <b>Zip Code</b> 33146</td> </tr> </table>			<b>Name</b>	Torre Michelle M	<b>Street Address (P.O. Box Number is Not Acceptable)</b>	1520 Algard Ave	<b>City</b>	MIAMI FL <b>Zip Code</b> 33146
<b>Name</b>	Torre Michelle M										
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	1520 Algard Ave										
<b>City</b>	MIAMI FL <b>Zip Code</b> 33146										
<b>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.</b> SIGNATURE: <u>Michelle H. Zup</u> (NOTE: Registered Agent signature required when reissuing) DATE: _____											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>								
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>								
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	TORRES, MICHELLE M		NAME	1520 Algard Ave							
STREET ADDRESS	1525 CANTORIA AVENUE		STREET ADDRESS	Coral Gable 33146							
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
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NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
<b>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.</b>											
<b>SIGNATURE:</b> <u>Michelle H. Zup</u>			<b>04/26/04</b>								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #								

66423727



04262004 Chg-P CR2E034 (10/03)