

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057744

FILED  
Jan 26, 2005  
Secretary of State

Entity Name: PRO-MANAGMENT SOLUTIONS, INCORPORATED

## Current Principal Place of Business:

8409 FOREST HILLS DR #201  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

4744 N. W. 115 TERRACE  
CORAL SPRINGS, FL 33076

## Current Mailing Address:

P.O. BOX 8864  
CORAL SPRINGS, FL 33075

## New Mailing Address:

4744 N. W. 115 TERRACE  
CORAL SPRINGS, FL 33076

FEI Number: 20-0124390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KLING, KIMBERLY  
8409 FOREST HILLS DR #201  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

PARISI, KIMBERLY A  
4744 NW 115 TERRACE  
CORAL SPRINGS, FL 33076 US

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.

SIGNATURE: KIMBERLY PARISI

01/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KLING, KIMBERLY  
Address: P.O. BOX 8864  
City-St-Zip: CORAL SPRINGS, FL 33075

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PARISI, SEBASTIAN J  
Address: 4744 NW 115 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Change (X) Addition  
Name: PARISI, KIMBERLY A  
Address: 4744 NW 115 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEBASTIAN PARISI

PD

01/26/2005

Electronic Signature of Signing Officer or Director

Date