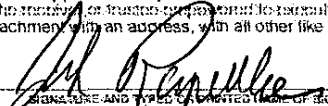


FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90057 010 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000066398			
1. Entity Name PROINSPEC, INC.			
Principal Place of Business 16267 BRISTOL POINT DRIVE DELRAY BEACH, FL 33446		Mailing Address 16267 BRISTOL POINT DRIVE DELRAY BEACH, FL 33446	
2. Principal Place of Business SAME		a. Mailing Address 16267 Bristol Pt. Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DELRAY BCH, FL.	
Zip	Country	Zip	Country
		33446	USA
3. Name and Address of Current Registered Agent RAMPULLA, JOSEPH 16267 BRISTOL POINT DRIVE DELRAY BEACH, FL 33446		4. FEI Number 57-1171729	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of New Registered Agent		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JOSEPH RAMPULLA 16267 BRISTOL POINT DRIVE DELRAY BEACH, FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 appointed to execute the 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: 		PRES. 04-05-04	