

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-17-2006 90380 008 ***150.00

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1. Entity Name
PROCESSO PARTNER, INC.



Principal Place of Business
**7253 SW 54 COURT
MIAMI, FL 33143**

Mailing Address
**7253 SW 54 COURT
MIAMI, FL 33143**

2. Principal Place of Business
7043 SW 53 LANE
Suite, Apt. #, etc.

3. Mailing Address
7043 SW 53 LANE
Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
MIAMI, FL.

04132006 Chg-P CR2E034 (11/05)

Zip **33155**

Country

Zip **33155**

Country

4. FEI Number
20-0088413

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ORTIZ-COLOMBO, VIMARIE
7253 SW 54 COURT
MIAMI, FL 33143**

7. Name and Address of New Registered Agent

Name **ORTIZ-COLOMBO, VIMARIE**

Street Address (P.O. Box Number is Not Acceptable)

7043 SW 53 LANE

City

MIAMI

FL

Zip Code
33155

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

[Handwritten Signature]

VIMARIE ORTIZ-COLOMBO

4/13/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **ORTIZ-COLOMBO, VIMARIE**
STREET ADDRESS **7253 SW 54 COURT**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **V** ☐ Delete
NAME **AMAYA, MICHAEL**
STREET ADDRESS **7253 SW 54TH COURT**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition
NAME **ORTIZ-COLOMBO, VIMARIE**
STREET ADDRESS **7043 SW 53 LANE**
CITY-ST-ZIP **MIAMI, FL. 33155**

TITLE **V** ☒ Change ☐ Addition
NAME **AMAYA, MICHAEL**
STREET ADDRESS **7043 SW 53 LANE**
CITY-ST-ZIP **MIAMI, FL. 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *X*

[Handwritten Signature]

VIMARIE ORTIZ-COLOMBO

04/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #