## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Sep 02, 2004 8:00 am Secretary of State **DOCUMENT # P03000156619** t. Entity Name 09-02-2004 90077 022 \*\*\*150.00 PRODASIA, INC. Principal Place of Business Mailing Address 10770 NW 66TH STREET #108 10770 NW 66TH STREET #108 MIAMI FL 33178 MIAMI, FL 33178 2. Principal Place of Business 3. Mailing Address 7640 NW 25 TH ST. Suite, Apt. #, etc. 08042004 CR2E034 (10/03) 4. FEI Number 20 - 0550814 City & State City & State Appliec For FLORIDA Not Applicable 33122 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAZQUEZ. CEBALLOS HERNANDEZ, ARNALDO J 10770 NW 66TH STREET #108 MIAMI, FL 33178 <sup>z</sup>153434 CORAL 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE CATE (NOTE: Reg stered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change NAME HERNANDEZ, ARNALDO J MAME 10770 NW 66TH STREET #108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 C 7Y-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NA ME STREET ADDRESS STREET ADDRESS CTY-ST-ZP CTY-ST-ZP TITLE ☐ Delete TITLE ☐ Chance Addition NAME NA ME STREET ADDRESS STREET ANDRESS C TY-ST-ZIP CGY-ST-ZIP TITLE ☐ Celete TITLE Charge Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZP CITY-ST-ZIP דות ב Delete TiTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C TY-ST-ZIP CITY-ST-ZIP TOTALE ☐ Change Addition 717LE Delete NAME NA VE STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CTY-ST-ZIP 12. Thereby 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 cirector 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 adoress, with all other like empowered SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**