

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90038 013 ***158.75

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02132007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000156619 1. Entity Name PRODASIA, INC.					
Principal Place of Business 7640 NW 25TH ST UNIT #116 MIAMI, FL 33122			Mailing Address 10770 NW 66TH STREET #108 MIAMI, FL 33178		
2. Principal Place of Business - No P.O. Box # 10770 NW 66 STREET		3. Mailing Address Suite, Apt. #, etc. 108			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 20-0550814	
Zip 33178		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAZQUE, C.P.A., HAYDEE C 354 SEVILLA AVE. MIAMI, FL 33134				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 renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P HERNANDEZ, ARNALDO J 10770 NW 66TH STREET #108 MIAMI, FL 33178 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER YONEKURA, HISAO A. 10770 NW 66 STREET, #108 MIAMI, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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:			HISAO A. YONEKURA 2/13/07 305 394-5354 TREASURER		