




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90530 041 ***150.00

DOCUMENT # P04000004203 1. Entity Name PROCOMM CONSULTING, INC.					
Principal Place of Business ²²¹⁴ 17125 17125 N. BAY ROAD, #3609 SUNNY ISLES BEACH, FL 33160				Mailing Address ²²¹⁴ 17125 17125 N. BAY ROAD, #3609 SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business 65 Northside Drive Suite, Apt. #, etc.		3. Mailing Address 65 Northside Dr. Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">50046020</div> 	
City & State Waynesboro VA		City & State Waynesboro		4. FEI Number ⁹⁰⁻⁰¹³³⁷⁶¹ Applied For <input type="checkbox"/> Not Applicable	
Zip ²²⁹⁸⁰ 22980		Country ^{USA} USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLAUSER, STUART H 12910 S.W. 84TH STREET MIAMI, FL 33183				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14446 West Dixie Highway City ^{Miami} ^{FL} ³³¹⁶¹ 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 reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <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	D BEJARANO, CATHERINE 17125 N. BAY ROAD, #3609 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	65 Northside Drive Waynesboro VA. 22980	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEJARANO, SAUL 17125 N. BAY ROAD, #3609 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	65 Northside Drive Waynesboro VA. 22980	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  Catherine Bejarano ^{4/29/2005} 540-949-0824 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					