



FILED
Apr 25, 2005 8:00 am
Secretary of State

50044363

DOCUMENT # P04000030999				04-25-2005 90320 038 ***150.00	
1. Entity Name PROFESSIONAL PROPERTY PROTECTION, CORP.					
Principal Place of Business 9240 SW 72 ST STE 201 MIAMI, FL 33173			Mailing Address 9240 SW 72 ST STE 201 MIAMI, FL 33173		
2. Principal Place of Business 9310 Fountainbleau Blvd		3. Mailing Address 9310 Fountainbleau			
Suite, Apt. #, etc. #109		Suite, Apt. #, etc. #109		03102005 Chg-P CR2E034 (10/03)	
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 20-1723400	
Zip 33173		Zip 33173		Applied For Not Applicable	
Country Dade		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, ROBERTO 9310 FOUNTAINBLEU BLVD # 109 MIAMI, FL 33172			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 PEREZ, ROBERTO 9310 FOUNTAINBLEU BLVD, # 109 MIAMI, FL 33172			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			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: _____ _____ Date _____ Daytime Phone # _____					