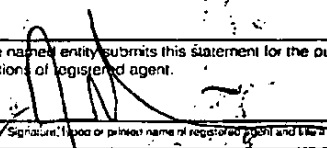
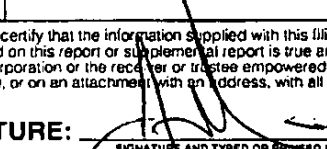


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

04-12-2005 90126 009 ***150.00

DOCUMENT # P04000037116			
1. Entity Name PROCOM GROUP OF NAPLES, INC.			
Principal Place of Business 11958 SW 72ND TERR MIAMI, FL 33183		Mailing Address 11958 SW 72ND TERR MIAMI, FL 33183	
2. Principal Place of Business 10250 SW 56th ST. Suite, Apt. #, etc. #0-201		3. Mailing Address 10250 SW 56th ST. Suite, Apt. #, etc. #0-201	
City & State Miami, FLORIDA		City & State Miami, FLORIDA	
Zip 33165	Country U.S.A.	Zip 33165	Country U.S.A.
4. FEI Number 20-0793859		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required ☐	
6. Name and Address of Current Registered Agent MACIAS, JUAN C 11958 SW 72ND TERR MIAMI, FL 33183		7. Name and Address of New Registered Agent Name: JUAN C. MACIAS Street Address (P.O. Box Number is Not Acceptable) 10250 SW 56th ST. City: Miami FL Zip Code: 33165	
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: 		DATE: 4/1/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$560.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PSD MACIAS, JUAN C 11958 SW 72ND TERR MIAMI, FL 33183 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD GUILLAMA, ISIDRO 5329 GRANADA BLVD. MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RATON, LUIS 2141 SW 126 CT. MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 recorder 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: 4/1/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	