


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-25-2005 90269 047 ***150.00

DOCUMENT # P04000041680

1. Entity Name
PRO-PLAYERS BAR & GRILL, INC.



Principal Place of Business Mailing Address
4902 NW 22ND AVE **4902 NW 22ND AVE**
MIAMI, FL 33142 **MIAMI, FL 33142**

2. Principal Place of Business 3. Mailing Address
19805 NW. 54 PLACE **19805 NW. 54 PLACE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
OPALOCKA, FLORIDA **OPALOCKA, FLORIDA**
 Zip Country Zip Country
33055 **USA** **33055** **U.S.A**

6. Name and Address of Current Registered Agent
DAYS, ANTHONY T
1178 SW 123 RD AVE
PEMBROKE PINES, FL 33025

20046254



03112005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-0828236 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **IMER PEREZ**
 Street Address (P.O. Box Number is Not Acceptable)
19805 NW. 54 PLACE
 City **OPALOCKA** **FL** Zip Code **33055**

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 *IMER PEREZ* **IMER PEREZ** **PRESIDENT** **3/24/05**
Signature, typed or printed name of registered agent and title if applicable (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 **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAYS, ANTHONY T 1178 SW 123 RD AVE PEMBROKE PINES, FL 33025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEREZ, IMER 19805 NW. 54 PLACE OPALOCKA, FL., 33055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ, IMER 19805 NW 54TH PLACE MIAMI, FL 33055 <input checked="" type="checkbox"/> Delete	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	<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: *IMER PEREZ* **IMER PEREZ** **PRESIDENT** **3/24/05** **(305) 621-8883**
Signature and typed or printed name of signing officer or director Date Daytime Phone #