2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000088950

1. Entity Name

PROGUARD ACQUISITION CORP.



FILED Feb 29, 2008 08:00 A Secretary of State

Principal Place of Business

3040 E COMMERCIAL BLVD FT LAUDERDALE, FL 33308 Mailing Address

3040 E COMMERCIAL BLVD FT LAUDERDALE, FL 33308



02262008

No Chg-P

CR2E034 (11/05)

4. FEI Number 33-1093761

Applied For Not Applicable

5. Certificate of Status Desired

×

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, RICARDO 3040 E COMMERCIAL BLVD FT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

				我的有效是 The property of the College	
	named entity submits this statement for the pations of registered agent.	urpose of changing its registere	ad office or registered agent, or	both, in the State of Florida. I am fa	amiliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable, (NOTE: Registerer	d Agent signature required when reinstating)	DATE	
		,			
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		U00000844078 - 03/12/08-80021-0	
10.	OFFICERS AND DIREC	TORS		Profesional Station	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BAUER, FRANK 3040 E COMMERCIAL BLVD FT LAUDERDALE, FL 33308 D BECKER, NORMAN 3040 E COMMERCIAL BLVD FT LAUDERDALE, FL 33308 D RIVERA, RICARDO				
STREET ADORESS City-St-Zip Title	3040 E COMMERCIAL BLVD FT LAUDERDALE, FL 33308			NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE	
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 others are provided.

SIGNATURE

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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2/26/08

954.491-0704

Daytime Phone #