

2007

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90077 016 \*\*\*150.00

<b>DOCUMENT #</b> P06000155362
<b>1. Entity Name</b> Promasa, Inc.

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 5700 Coach House Cir. Suite, Apt. #, etc. Suite D City & State Boca Raton, FL Zip 33486	<b>3. Mailing Address</b> 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33126-1222
--	---

40105143

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 20-8080476	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

<b>Name</b> del Valle, Manuel R.
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 7300 N.W. 19th St.
<b>Suite</b> Suite 101
<b>City</b> Miami
<b>FL</b> <b>Zip Code</b> 33126-1222

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

<b>TITLE</b> D/P	<b>NAME</b> Baquerizo, Ricardo	<b>TITLE</b>	
<b>STREET ADDRESS</b> 5700 Coach House Cir.		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> Boca Raton, FL 33486		<b>CITY - ST - ZIP</b>	
<b>TITLE</b> D/T	<b>NAME</b> Viteri, Leticia	<b>TITLE</b>	
<b>STREET ADDRESS</b> 5700 Coach House Cir.		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> Boca Raton, FL 33486		<b>CITY - ST - ZIP</b>	
<b>TITLE</b> D/S	<b>NAME</b> Baquerizo, David	<b>TITLE</b>	
<b>STREET ADDRESS</b> 5700 Coach House Cir.		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> Boca Raton, FL 33486		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ricardo Baquerizo March 15/07 305-477-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #