## FILED Aug 04, 2008 8:00 am

2008	<b>FOR</b>	PRO	FIT	CORP	PORA	TION
	Α	NNU	AL I	REPOI	RT	

1	AIIIIVAL			<del></del>	Secret	ary oi St	aie
1. Entity Nam	MENT # P07000094 o's finishes s & m inc.				3 90034 025 ***15		
Principal Bloo	on of Distinger	Mailing Address		$\dashv$		_	
	ce of Business	Mailing Address			•	' <sub>1</sub> .	
1212 N.E. 1		1212 N.E. 120 TER				•	
RISCANE N	ARK, FL 33161	BISCAYNE PARK, FL 33	161				
				1 18811891 (1		INI BEMBASIN BIBU BIBU IKBU IKBU	BICT:     CB
2 Principal P	Place of Business - No P.O. Box #	3. Mailing Address		<b>   </b>			
1453	Mailed of Business - No F.O. Box #	1453 Maies	1. Tana				81.181    1881
Suite, Apt.	Tajesty Perr.	Suite, Apt. #, etc.	<u>ry 17411.</u>	_			
Suite, Apt.	. W. C.C.	Suite, Apt. #, etc.	_	07302008	Chg-P	CR2E034 (12/06)	
City & Stat	to	City & State	<i></i>	4. FEI Numb	.01		pplied For
la la str		Weston 1	Pl	7 7	<u>"076871</u>	<b>3</b>	ot Applicable
Zin	Country	Zip	Country	<u> </u>	DIAOL		
3333	27 15	33327	ÜS	5. Certificate	of Status Desired	S8.75 Add	
777	6. Name and Address of Current F			7 Name and	Address of New	<u>'</u>	
	o. Harris and Address of Correst	togistorou Agent	Name . ,	1. (0)	1 L	redistated whent	
CORDOBA	A JIJAN		Vic	itor 16 o	milla		
1212 NE			Street Addres	s (P.O. Box Numb	er is Not Acceptab	le)	
	E PARK, FL 33161		1453	majes-	ry Terr		
	,			•			
			City.			Zin Coo	le l
			""Indes	Ston		FL 333	527
	named entity submits this statement for	the purpose of changing its r			oth, in the State of F	lorida. I am familiar with	and accept
the obligat	tions of registered agent.						
CICALATUDE	/ Portor	dictor	$(M.R_{n})$	مزالح	07	130/2008	?
SIGNATURE.	Signature, typed or priored name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating)		DATE	<b></b>
				-	I		
FI	LE NOW!!! FEE IS \$150.00	9. Election Campaig	n Financing	5.00 May Be	In accordance	with s. 607.193(2)(b),	ES the
Due by September 12, 2008 Trust Fund Contribution.						I not receive the prior	
			_		<u> </u>		
10.	OFFICERS AND (		11.	ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
TITLE	PT	☐ Delete	TITLE			Change	Addition
NAME	RESTREPO, RAUL		NAME				
STREET ADDRESS	7401 RALEIGH ST		STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP				
TITLE	VP,S	☐ Delete	THTLE			☐ Change	Addition
NAME	BONILLA, VICTOR		NAME				
STREET ADORESS	1453 MAJESTY TER		STREET ADDRESS				
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP				İ
TITLE -	<u> </u> 	☐ Delete	TITLE			- Change	Addition
NAME	1	5cicic	NAME			Change	notified
STREET ADDRESS			STREET ADDRESS				
CITY+ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME		CT DRING	NAME			☐ change	- Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	]		CITY-ST-ZIP				
		ГП				, , , , , , , , , , , , , , , , , , ,	
TITLE NAME	1	Delete	TITLE NAME			Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
		<u> </u>	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	<u></u>			
12. Lhereby		this filler days and a selfer for	the exemptions contain	and in Chapter 11	9 Florida Statutos	Liturthor cortifu that the	ntermetion
12.00	certify that the information supplied with	this filing does not quality for	the exemptions contain	led in Chapter 11	o, i londa dialdica.	Truliner Certify trial trie i	mormacion I
indicated of the co	i on this report or supplemental report is rporation or the receiver or trustee embo	true and accurate and that my wered to execute this report a	y signature shall have the is required by Chapter 6	ne same legal effe 607, Florida Statuti	ct as if made under es; and that my nar	oath; that I am an office ne appears in Block 10 o	r or director or Block 11 if
indicated of the co	certify that the information supplied with d on this report or supplemental report is rporation or the receive or trustee embo , or on an attachment with an address, w	true and accurate and that my wered to execute this report a	y signature shall have the sequired by Chapter 6	ne same legal effe 607, Florida Statuti	ct as if made under es; and that my nar	oath; that I am an office ne appears in Block 10 c	r or director or Block 11 if