

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90023 007 ***150.00

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| DOCUMENT # P07000104588 | | | | | |
| 1. Entity Name ELECTRO PROS, INC. | | | | | |
| Principal Place of Business 8560 VIA SERENA BOCA RATON, FL 33433 | | | Mailing Address 8560 VIA SERENA BOCA RATON, FL 33433 | | |
| 2. Principal Place of Business - No P.O. Box # 238 NW 152 AVE | | 3. Mailing Address 238 NW 152 AVE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State PEMBROKE PINES, FL | | City & State PEMBROKE PINES, FL | | 4. FEI Number 26-1123574 | |
| Zip 33028 | | Country | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent FERRER, ALFREDO 8560 VIA SERENA BOCA RATON, FL 33433 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number, if Not Applicable) 238 NW 152 AVE City PEMBROKE PINES FL Zip Code 33028 | | |
| 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: <u>ALFREDO FERRER</u> DATE: <u>01/24/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$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 | PSTD FERRER, ALFREDO 8560 VIA SERENA BOCA RATON, FL 33433 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 238 NW 152 AVE PEMBROKE PINES, FL 33028 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing 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 other like empowered. | | | | | |
| SIGNATURE: <u>ALFREDO FERRER - PRES</u> DATE: <u>01/24/08</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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