2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000079763

1. Entity Name
PRONETWORK CORP.

Principal Place of Business	Mailing Address
6491 NW 112TH PL MIAMI, FL 33178 US	6491 NW 112TH PL MIAMI, FL 33178 US

DO NOT WRITE IN THIS SPACE

01072004   No Chg-P   CR2E034 (10/03)
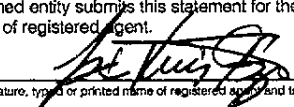
4. FEI Number	Applied For
65-0451906	Not Applicable

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

6. Name and Address of Current Registered Agent

POZA, JOSE L
6491 NW 112TH PL
MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

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.
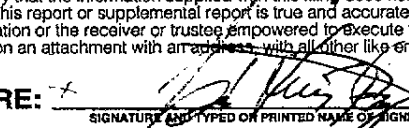
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 1/7/04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

II00000051767
02/16/04-80063-025 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	POZA, JOSE LUIS	
STREET ADDRESS	6491 NW 112TH PL	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	VPS	
NAME	POZA, NANCY	
STREET ADDRESS	6491 NW 112TH PL	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/7/04   Daytime Phone #