


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90691 002 ***150.00

DOCUMENT # P93000086541

1. Entity Name
PRONTO ALL OFFICE SERVICES, INC.



Principal Place of Business
**331 W PALM DR
FLORIDA CITY FL 33034**

Mailing Address
**329 W PALM DRIVE
HOMESTEAD FL 33034**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
329 W. Palm Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State
Florida City FL

City & State

Zip
33034

Country
Dade

4. FEI Number **65-0498844**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RIVERO, EDWIN
331 W PALM DR
FLORIDA CITY FL 33034**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	T	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ZULMA	
STREET ADDRESS	331 W. PALM DRIVE	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	RIVERO, EDWIN	
STREET ADDRESS	331 W. PALM DRIVE	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other like empowerments.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *03/16/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)