

FILED  
Apr 28, 2004 8:00 am  
Secretary of State

04-28-2004 90207 009 \*\*\*158.75

DOCUMENT # P94000058943

1. Entity Name  
PRO-FORMANCE INTERNATIONAL INC.



Principal Place of Business  
3181 NORTH DIXIE HWY  
POMPANO BEACH, FL 33064 US

Mailing Address  
2234 N FEDERAL HWY  
# 303  
BOCA RATON, FL 33431 US

14009642



2. Principal Place of Business

2234 N. Federal Hwy.  
Suite, Apt. #, etc.  
# 303

City & State  
Boca Raton

Zip  
33431

Country  
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04022004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0519374

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

EDERY, DANIEL  
3181 N. DIXIE HWY.  
POMPANO BEACH, FL 33064

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
EDERY, DANIEL  
3181 NORTH DIXIE HWY  
POMPANO BEACH, FL 33064 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #