



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

05-21-2004 90002 046 \*\*\*158.75

<b>DOCUMENT # P95000044142</b> 1. Entity Name <b>PROTO-FAB, INC.</b>					
Principal Place of Business 11347 43RD ST N CLEARWATER, FL 34622 US				Mailing Address 865 HARBOR HILL DR SAFETY HARBOR, FL 34695	
2. Principal Place of Business <b>2120 SUNNYDALE BL.</b> Suite, Apt. #, etc. <b># 11</b>		3. Mailing Address <b>2101 SUNSET POINT RD.</b> Suite, Apt. #, etc. <b># 601</b>			
City & State <b>CLEARWATER FL</b>		City & State <b>CLEARWATER FL.</b>		03292004 Chg-P CR2E034 (10/03)	
Zip <b>33765</b>		Country <b>USA</b>		4. FEI Number <b>59-3320910</b>	
Zip <b>33765</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NAVARRO, DIEGO</b> <b>865 HARBOR HILL DRIVE</b> <b>SAFETY HARBOR, FL 34695</b>				7. Name and Address of New Registered Agent Name <b>NAVARRO DIEGO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2101 SUNSET POINT RD. #601</b> City <b>CLEARWATER</b> FL <b>33765</b>	
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 _____ <small>Signature, typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME NAVARRO, DIEGO STREET ADDRESS 865 HARBOR HILL DRIVE CITY-ST-ZIP SAFETY HARBOR, FL	<input type="checkbox"/> Delete		TITLE D NAME NAVARRO, DIEGO STREET ADDRESS 2101 SUNSET POINT RD #601 CITY-ST-ZIP CLEARWATER FL 33765	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NAVARRO, YVETTE STREET ADDRESS 865 HARBOR HILL DRIVE CITY-ST-ZIP SAFETY HARBOR, FL	<input type="checkbox"/> Delete		TITLE D NAME NAVARRO, YVETTE STREET ADDRESS 2101 SUNSET POINT RD #601 CITY-ST-ZIP CLEARWATER FL 33765	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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		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		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Diego Navarro</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <b>5/12/04</b> <small>Date</small>		
DAYTIME PHONE: <b>727 441-8548</b> <small>Daytime Phone #</small>					