


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90066 050 \*\*\*150.00

<b>DOCUMENT # P95000063377</b>					
<b>1. Entity Name</b> PROFASA CORP.					
<b>Principal Place of Business</b> 4600 SW 154TH PL. MIAMI, FL 33185			<b>Mailing Address</b> 4600 SW 154TH PL. MIAMI, FL 33185		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 7105 SW 8 STREET Suite, Apt. #, etc. <del>306</del> - 306			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MIAMI, FLORIDA		<b>4. FEI Number</b> 65-0603644	
Zip		Country		Zip 33144	
Country Dade		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> VARGAS, JORGE 4600 SW 154 PLACE MIAMI, FL 33185			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VARGAS, JORGE 4600 SW 154 PLACE MIAMI, FL 33185		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> JORGE VARGAS			04.27.07 (305) 2263443		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66019327



04302007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VARGAS, JORGE  
4600 SW 154 PLACE  
MIAMI, FL 33185

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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**SIGNATURE:** JORGE VARGAS

04.27.07 (305) 2263443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #