


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P96000051333</b>	
1. Entity Name <b>PROJECT DEVELOPMENT PROFESSIONALS, INC.</b>	

FILED  
05 MAY -2 PM 5:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>2199 PONCE DE LEON BLVD SUITE 200 CORAL GABLE, FL 33134</b>	Mailing Address <b>2199 PONCE DE LEON BLVD SUITE 200 CORAL GABLE, FL 33134</b>
---	---

2. Principal Place of Business <b>150 Alhambra Circle Suite, Apt. #, etc. Suite # 925 City &amp; State Coral Gables, FL Zip 33134</b>	3. Mailing Address <b>150 Alhambra Circle Suite, Apt. #, etc. Suite # 925 City &amp; State Coral Gables, FL Zip 33134</b>
Country <b>US</b>	Country <b>US</b>



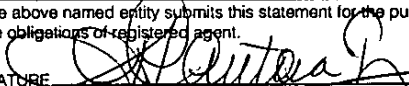
03242005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0739929</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY MIAMI, FL 33145</b>
---

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 	<b>AMADA CANTERA LOPEZ, President</b> <b>4/27/05</b>
(NOTE: Registered Agent signature required when reinstating) DATE	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD LOPEZ-CANTERA, MARTA L 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLE, FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD LOPEZ-CANTERA, CARLOS C 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLE, FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>150 Alhambra Circle, Suite 925 Coral Gables, FL 33134</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>150 Alhambra Circle, Suite 925 Coral Gables, FL 33134</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300054034793 05/09/05--01008--006 **\$150.00</b>
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"/> Change <input type="checkbox"/> Addition
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 report 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>4/27/05</b> <b>305-461-0563</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

**CARLOS C. LOPEZ CANTERA, PRESIDENT**