PRO - FIN FINANCIAL SERVICES CORPORATION O1-08-2002 90017 044 ***150.00 Principal Pace of Business Maling Address 10970 LA RENA ROAD DELRAY BEACH FL 33446 US 2. Principal Place of Business Suite, April *, sitc. Suite, April *, sitc. City & State	DOCUI	UNIFORM BUS	SINESS REPO 000063694	BR)	FILED Jan 08, 2002 8:00 am Secretary of State			
10970 LA REINA ROAD DELAY BEACH FL 33446 2. Principal Place of Business Suite, Aprt. #, etc. Suite, Aprt. #, etc. City & State As Name and Address of Current Registered Agent TeRNA DELAY NORTH DELRAY BEACH FL 33446 Sire Address of Current Registered Agent TERRA DEL RAY NORTH DELRAY BEACH FL 33446 City City City City City City City City	1. Entity Nam PRO - FII		CORPORATION					
Suile, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required FINGER, RONALD 10970 LA REINA ROAD TIERRA DEL RAY NORTH DELRAY BEACH FL 33446 City FL Zip Code Signature, hysed or primed named expensed agent and size if applicable. City Service will be \$550.00 After May 1, 2002 Fee will be \$550.0	10970 LA REINA ROAD 10970 LA REINA ROAD DELRAY BEACH FL 33446 DELRAY BEACH FL 3344			6		1 (18 (18) 10) 10 (10) 10 (10) 10 (10) 10 (10)	BANT ANTA INNA ANIA IANI B	
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Zip Country Zip Country S. Certificate of Status Desired Status Desired S. Sa.75 Additional Foo Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 10970 LA REINA ROAD TIERRA DEL RAY NORTH DELRAY BEACH FL 33446 Street Address (P.O. Box Number is Not Acceptable) 7. Name and Address of New Registered Agent 10970 LA REINA ROAD TIERRA DEL RAY NORTH DELRAY BEACH FL 33446 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or pretent agent and site # applicable. (PROTE Registered Agent signature request when reentating) 9. This corporation is eligible to satisfy its intanangible Tax filling requirements and elects to do so. Marke Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SIRRET ADDRESS OITY-ST-ZIP 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SIRRET ADDRESS OITY-ST-ZIP 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SIRRET ADDRESS OITY-ST-ZIP 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SIRRET ADDRESS OITY-ST-ZIP 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SIRRET ADDRESS OITY-ST-ZIP 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SIRRET ADDRESS OITY-ST-ZIP 13. ADDITIONS/CHANGES OITY-ST-ZIP 14. ADDITIONS/CHANGES OITY-ST-ZIP 15. ADDITIONS/CHANGES OITY-ST-ZIP 16. Change ARMAE 17. ST-ZIP 18. ADDITIONS/CHANGES OITY-ST-ZIP 18. ADDITIONS/CHANGES OITY-ST-ZIP 18. ADDITIONS/CHANGES OITY-ST-ZIP 18. ADDITIONS/CHANGES OITY-ST-ZIP 19. Change ARMAE 19. AND STATES ADDRESS OITY-ST-ZIP 19. Change ARMAE 19. ADDRESS OITY-ST-ZIP 19. Ch	City & State	 9	City & State	City & State		4. FEI Number 65-0688225	h	
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STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

1/04/02 56 637 1874
Date Daytime Phone #

NAME

STREET ADDRESS

SIGNATURE: