


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90013 002 \*\*\*150.00

<b>DOCUMENT # P97000053107</b>	
1. Entity Name PROCOM PROPERTIES, INC.	

Principal Place of Business PROCOM PROPERTIES 7840 NORTHWEST 62 STREET MIAMI, FL 33166 US	Mailing Address PROCOM PROPERTIES 7840 NORTHWEST 62 STREET MIAMI, FL 33166 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0761876	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  QUESADA, FLAVIO 2121 PONCE DE LEON BLVD STE 900 CORAL GABLES, FL 33134
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<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 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUESADA, FLAVIO R 12050 SW 87 AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALEZ, JULIO 8310 SW 36 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, EMILIO R 215 N.W. 121 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 person 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:** FLAVIO QUESADA 1/7/04 305-593-6590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #