2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 10, 2006 8:00 am Secretary of State **DOCUMENT # P97000053107** 1. Entity Name 02-10-2006 90033 030 ***150.00 PROCOM PROPERTIES, INC. Mailing Address Principal Place of Business PROCOM PROPERTIES PROCOM PROPERTIES 7840 NORTHWEST 62 STREET 7840 NORTHWEST 62 STREET MIAMI, FL 33166 MAIM, FL 33166 2. Principal Place of Business 10100 NW 25th STREET 3. Mailing Address 15++STREET 10100 NW Suite, Apt. #, etc. Suite, Apt. #, etc. 01262006 CR2E034 (11/05) Chg-P City & State 4. FEI Number Applied For City & State FL DORAL DORAL 65-0761876 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent QUESADA, FLAVIO Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD STE 900 CORAL GABLES, FL 3313 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITI F Change ☐ Addition QUESADA, FLAVIO R NAME NAME 10100 NW 25+H STREET 7840 NW 62ND ST STREET ADDRESS STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZIP 33172 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME GARCIA. EMILIO R NAME 10100 NW 25th STREET 7840 NW 62ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 psceiver 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.

FILED