

# **2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000070824

Entity Name: ALLPRO ENTERPRISES CO.

**FILED**  
**Dec 14, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

2117 S. BABCOCK ST., #114  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

532 BURLINGTON AVE. NE  
PALM BAY, FL 32907

**New Mailing Address:**

FEI Number: 65-0775147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARAUJO, DANIEL F.  
532 BURLINGTON AVE. NE  
PALM BAY, FL 32907 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTDS ( ) Delete  
Name: ARAUJO, DANIEL F  
Address: 2117 S. BABCOCK ST., #114  
City-St-Zip: MELBOURNE, FL 32901

Title: VP (X) Delete  
Name: PAMPILLONIA, JOSEPH  
Address: 327 ALGIERS AVE., SE  
City-St-Zip: PALM BAY, FL 32909

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL F. ARAUJO

PRES

12/14/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date