

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000039346

FILED  
Feb 05, 2008  
Secretary of State

Entity Name: THE PROS FROM DOVER II, INC.

## Current Principal Place of Business:

C/O JOEL BENES  
7785 NW 146 STREET  
MIAMI LAKES, FL 33016

## New Principal Place of Business:

## Current Mailing Address:

C/O JOEL BENES  
7785 NW 146 STREET  
MIAMI LAKES, FL 33016

## New Mailing Address:

FEI Number: 65-0871903      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENES, EDGAR A ESQ  
2300 NW CORPORATE BOULEVARD, SUITE 222  
BOCA RATON, FL 33431 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WITTELS, MICHAEL  
Address: 1085 KANE CONCOURSE  
City-St-Zip: BAYHARBOR, FL 33154

Title: VP ( ) Delete  
Name: CLIFFORD, STEVEN  
Address: 12996 W. DIXIE HIGHWAY  
City-St-Zip: N. MIAMI, FL 33161

Title: ST ( ) Delete  
Name: BENES, JOEL  
Address: 21150 NE 20 AVE  
City-St-Zip: NMB, FL 33179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated 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 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: JOEL BENES

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02/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date