

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90465 032 \*\*\*150.00

<b>DOCUMENT # P98000062835</b>	
1. Entity Name <b>PROHAND CORP.</b>	



Principal Place of Business <b>2309 SW 30TH CT HALLANDALE, FL 33009-3023</b>	Mailing Address <b>2309 SW 30TH CT HALLANDALE, FL 33009-3023</b>
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**54041369**



2. Principal Place of Business Suite, Apt. #, etc. <b>17340 SW 70TH PLACE</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>SOUTHWEST RANCHES FL</b>		City & State	
Zip <b>33331</b>	Country <b>U.S.A.</b>	Zip	Country

04062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>LAUZIER, JEAN-PAUL 4900 N.W. 25 TERRACE TAMARAC, FL 33309</b>	
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4. FEI Number <b>65-0852178</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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)* (Gilles Doyon) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOYON, GILES <b>17340 SW 70TH PLACE</b> <b>2309 SW 30 CT SOUTHWEST RANCHES FL</b> <b>HALLANDALE, FL 33009 33331</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 receiver 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: *(Signature)* **04/22/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **954-270-3617** Daytime Phone #