


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000009990 1. Entity Name THE PROXY FACTORY, INC.	
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Principal Place of Business 161 SHORE DRIVE SOUTH MIAMI, FL 33133	Mailing Address 161 SHORE DRIVE SOUTH MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE

8F55, , , , 555, F&

07092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0913229	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ-ALVAREZ, ALFREDO 161 SHORE DRIVE SOUTH MIAMI, FL 33133
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ-ALVAREZ, ALFREDO 161 SHORE DR S MIAMI, FL 33133
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07/12/04-80032-002 155.00

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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)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	07/05/04 <small>Date</small>	(305) 461-2225 <small>Daytime Phone #</small>
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