

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000049815

Entity Name: PROAMSA, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

4218 SW 152 AVE
E-3
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

3947 S.W. 156 CT
MIAMI, FL 33185

New Mailing Address:

3149 SE 6 STREET
OCALA, FL 34471

FEI Number: 65-0930545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSTAMANTE, RAMON
3947 SW 156 CT
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

BUSTAMANTE, RAMON
3149 SE 6 STREET
OCALA, FL 34471 US

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:

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUSTAMANTE, RAMON
Address: 3947 S.W. 156 CT
City-St-Zip: MIAMI, FL 33185

Title: D (X) Delete
Name: BENITEZ, KATHIA
Address: 1114 N.E. 12 AVE
City-St-Zip: OCALA, FL 34470

Title: D (X) Delete
Name: GRAJALES, DEYSI
Address: 3947 S.W. 156 CT
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BUSTAMANTE, RAMON
Address: 3149 SE 6 STREET
City-St-Zip: OCALA, FL 34471

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: RAMON BUSTAMANTE

D

04/25/2005

Electronic Signature of Signing Officer or Director

Date