

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-26-2004 91035 017 ***158.75

DOCUMENT # P99000095896					
1. Entity Name PROANSWER INCORPORATED					
Principal Place of Business 13008 SW 120 ST MIAMI FL 33186			Mailing Address 8568 SW 211TH TERR MIAMI FL 33189		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0958298	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, JHOANNA 8569 SW 211 TERR MIAMI FL 33189			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 <u><i>[Signature]</i></u> Vice President 3/18/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, JUAN VALERIO 9240 SW 149TH CT MIAMI FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SANCHEZ, JUAN V 9240 SW 149 CT MIAMI FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CESAR BAEZ 13008 SW 120ST MIAMI FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARCIA, JHOANNA 8569 SW 211 TERR MIAMI FL 33189		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/SUB SECRETARY GARCIA Jhoanna 8569 SW 211 TERRACE MIAMI FL 33189	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HABERKORN, CARLOS 8568 SW 211 TERR MIAMI FL 33189		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CARLOS HABERKORN 8568 SW 211 TERRACE MIAMI FL 33189	
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	
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: <u><i>[Signature]</i></u> Jhoanna Garcia			3/18/04 (305) 234 4747		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		