

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104092

FILED
Jan 14, 2005
Secretary of State

Entity Name: PROFESSIONAL RESPONSE INC.

Current Principal Place of Business:

1405 SW 107TH AVE
STE. 301-G
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

1405 SW 107TH AVE
STE. 301-G
MIAMI, FL 33174

New Mailing Address:

FEI Number: 65-0965441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADAVIECO, LAZARO
1405 SW 107TH AVE
STE. 301-G
MIAMI, FL 33174 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: PD () Delete
Name: CADAVIECO, LAZARO
Address: 8240 SW 41 ST
City-St-Zip: MIAMI, FL 33155

Title: SD () Delete
Name: SARDINAS, OLGA
Address: 14633 SW 145TH TERRACE
City-St-Zip: MIAMI, FL 33155

Title: TD () Delete
Name: TIELVES, JOHN
Address: 10210 SW 41 TERR
City-St-Zip: MIAMI, FL 33155

Title: S () Delete
Name: DAUVAL, AMPARO
Address: 3331 SW 104 AVE
City-St-Zip: MIAMI, FL 33165

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:

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: OLGA SARDINAS

SD

01/14/2005

Electronic Signature of Signing Officer or Director

_____ Date