


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # S21868
 1. Entity Name
 FINANPRO FLORIDA, INC.



Principal Place of Business	Mailing Address
APARTADO 159 ESCAZU 1250 COSTA RICA, XX	APARTADO 159 ESCAZU 1250 COSTA RICA, XX



04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 98-0115209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHRADER, ROBERT G
 5200 BLUE LAGOON DRIVE STE 600
 MIAMI, FL 33126

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MONTECINOS, LUIS APARTADO 159, ESCAZU 1250 COSTA RICA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MONTECINOS, OLGA APARTADO 159 ESCAZU 1250 COSTA RICA, C.A.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HOUSMAN, DAVID G 6824 LOS TRENCHOS CT NE ALBUQUERQUE, NM 871092700
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHRADER, ROBERT G 5200 BLUE LAGOON DRIVE STE 600 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000318174
 04/20/05-80048-018 150.00

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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 officers or directors.

SIGNATURE:  **LUIS MONTECINOS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR APRIL 19, 2005 306-228-1960