


2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

05-18-2004 90003 041 \*\*\*158.75

**DOCUMENT # P02000117873**

1. Entity Name  
**PRO D & G, INC.**



Principal Place of Business  
**6670 N. W. 114TH AVE**  
**628**  
**MIAMI, FL 33178 DA**

Mailing Address  
**6670 N. W. 114TH AVE**  
**628**  
**MIAMI, FL 33178 DA**

**54054610**



2. Principal Place of Business  
**4874 N.W. 107th Path**

3. Mailing Address  
**4874 N.W. 107th Path**

Suite, Apt. #, etc.

03072003 Chg-P CR2E034 (10/03)

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip Country  
**33178 DADE**

Zip Country  
**33178 DADE**

4. FEI Number  
**81-0587422**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CETRARO, OSCAR**  
**15295 S. W. 107TH LANE**  
**SUITE 1012**  
**MIAMI, FL 33196-DA**

7. Name and Address of New Registered Agent

Name  
**FRONDUTO, Giovanna**

Street Address (P.O. Box Number is Not Acceptable)  
**4874 N.W. 107th Path**

City  
**Miami**

FL Zip Code  
**33178**

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 *Giovanna Fronduto* **5/13/2004**

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

Trust Fund Contribution.

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRONDUTTO, GIOVANNA 6670 N.W. 114TH AVE, SUITE 628 MIAMI, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PUERTA, DANIEL L 6670 N.W. 114TH AVE, SUITE 628 MIAMI, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRONDUTO, Giovanna 4874 N.W. 107th Path Miami, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PUERTA, Daniel 4874 N.W. 107th Path Miami, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Giovanna Fronduto* **5/13/2004** **(305) 716-0297**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #