

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90027 011 ***150.00

DOCUMENT # P00000110920

1. Entity Name
PROCESS & TECHNOLOGY CORPORATION



Principal Place of Business
**111 NE 1ST ST.
STE 905
MIAMI, FL 33132-2517**

Mailing Address
**P.O. BOX 802006
MIAMI, FL 33280**

40011385



2. Principal Place of Business
600 NE 36 ST.

3. Mailing Address
600 NE 36 ST.

Suite, Apt. #, etc.
C4-3

Suite, Apt. #, etc.
ste C4-3

City & State
Miami FL

City & State
Miami - FL

Zip
33137

Country
US

Zip
33137

Country
US

01252005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1058864

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DELDVALLE, MANUEL R
7270 N.W. 12TH ST.
MIAMI, FL 33126-1929**

7. Name and Address of New Registered Agent

Name
Maria Gonzalez
Street Address (P.O. Box Number is Not Acceptable)
600 NE 36 ST.
Suite C4-3
City
Miami FL Zip Code
33137

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

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

02/01/2005
DATE

**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 MONTOKA, ALVARO CARRERA 64A 10-74 2DO PISO CALI, CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS MONTOKA, BEATRIZ CARRERA 64A 10-74 2DO PISO CALI, CA	<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	DP. MONTOKA ALVARO AV 6A NORTE N° 25 N-22 CALI, CA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS MONTOKA Beatriz AV. 6A NORTE N° 25 N-22 CALI, CA.	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/2005 305-352-6512
Date Daytime Phone #