

2006

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2006 8:00 am
Secretary of State

05-09-2006 90083 038 ***150.00
05-26-2006 90014 047 ***150.00

DOCUMENT # P00000110920
1. Entity Name Process & Technology Corporation

DO NOT WRITE IN THIS SPACE

50019704

2. Principal Place of Business 600 N.E. 36th St. Suite, Apt. #, etc. Suite C4-3	3. Mailing Address 600 N.E. 36th St. Suite, Apt. #, etc. Suite C4-3
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DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-1058864	Applied For Not Applicable
Zip 33137	Country USA	Zip 33137	Country USA

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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent	
Name del Valle, Manuel R.	
Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St.	
Suite 101	
City Miami	FL Zip Code 33126-1222

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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	D/P Montoya, Alvaro Carrera 64A, No. 10-74, 2do Piso Cali, Colombia
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Montoya, Beatriz Carrera 64A, No. 10-74, 2do Piso Cali, Colombia
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alvaro Montoya Date: _____ Daytime Phone #: 305-358-6512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)