


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90021 007 ***150.00

DOCUMENT # P00000110920

1. Entity Name
PROCESS & TECHNOLOGY CORPORATION



Principal Place of Business 600 NE 36 ST C4-3 MIAMI, FL 33137	Mailing Address 600 NE 36 ST C4-3 MIAMI, FL 33137
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60022053



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1058864	Applied For Not Applicable
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
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEL VALLE, MANUEL R
7300 NW 19TH ST
SUITE 101
MIAMI, FL 33126-1222

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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  _____
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
After May 1, 2007 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 MONTROYA, ALVARO CARRERA 64A NO. 10-74 2DO PISO CALI, SA COLOMBIA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS MONTROYA, BEATRIZ CARRERA 64A NO. 10-74 2DO PISO CALI, SA COLOMBIA
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 info empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 31/2007 (305) 358-6512
Date Daytime Phone #