


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 660154
 1. Entity Name
 PRIDA, GUIDA & COMPANY, P.A. CPA'S



Principal Place of Business Mailing Address
 1106 N. FRANKLIN ST. 1106 N. FRANKLIN ST.
 TAMPA, FL 33602 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE



03032006 No Chg-P CR2E034 (1/05)

4. FEI Number Applied For
 59-1978917 Not Applicable

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

6. Name and Address of Current Registered Agent
 PRIDA, LUCIANO
 1106 N. FRANKLIN ST.
 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00

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

UNUN1464502
 03/21/06-80118-013 150.00

10. OFFICERS AND DIRECTORS

TITLE D
 NAME PRIDA, LUCIANO L., JR.
 STREET ADDRESS 1106 N. FRANKLIN ST.
 CITY - ST - ZIP TAMPA, FL

TITLE D
 NAME GUIDA, GEORGE K
 STREET ADDRESS 1106 NORTH FRANKLIN STREET
 CITY - ST - ZIP TAMPA, FL 33602

TITLE D
 NAME PRIDA, ANDRES S
 STREET ADDRESS 1106 NORTH FRANKLIN STREET
 CITY - ST - ZIP TAMPA, FL 33602

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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 like empowered.

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

Date: 3/10/06 Daytime Phone #