


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 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**



01032007    No Chg-P    CR2E034 (11/05)

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

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

**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	D PRIDA, LUCIANO L.,JR. 1106 N.FRANKLIN ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIDA, GEORGE K 1106 NORTH FRANKLIN STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIDA, ANDRES S 1106 NORTH FRANKLIN STREET TAMPA, FL 33602
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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 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]*      1-5-07    813 226 6091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #