

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 660154



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

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

Mailing Address
 1106 N. FRANKLIN ST.
 TAMPA, FL 33602



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1978917	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

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 _____

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, 2008 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andres Prida 4-3-08

Date

Daytime Phone #