2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCU 1. Entity Nam PYRAMID	ie	# M93469 3, INC.	%	*			Secretary of State				
Principal Plac 735 S W 15 DELRAY BE US	TH AVE.	- · · · <u>·</u>	735 S	Mailing Address 735 S W 15TH AVE. DELRAY BEACH FL 33444 US				114 117 RF (210 1 1111) 1111 11			
2. Principal P	lace of Busin	ess	3. Maili	3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc				t MOORE	CR2E034	(10/04)	
City & State			City &	City & State			4. FEI Numb	oer 65-008907	6		plied For t Applicable
Zip	Country		Zip	Zip C		ntry	5. Certificate	e of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current			ent Registered	d Agent	Name	7. Name and Address of New Registered Agent					
213	NDA, RON 47 GOSIE CA RATOI	ALD M ER WAY. N FL 33428				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
						City			FL	Zip Code	
	named entity tions of regist	submits this statement ered agent	nt for the purpo	ose of changing it	s register	ed office or regist	ered agent, or b	oth, in the State of Fl	lorida. I am f	amiliar with,	and accept
SIGNATURE .											i
		or printed name of registered as	gent and file it appli	icable (NO	TE Registere	d Agent signature requir	ed when reinstating)	<u> </u>	DATE		
After	May 1, 200	5 Fee Will Be \$550 Florida Departmen						9. Election Camp Trust Fund Co			00 May Be ed to Fees
10.		and the same of th	ND DIRECTOR	AS	11.		ADDITIONS	CHANGES TO OF	FICERS AND		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DPT SPADA, RO 21347 GOS BOCA RAT		-	☐ Delete				02/12/05-8	26250 0008-01	□ Change 8 150.0	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OSEPH R. 9TH STREET ON FL 33487		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, , , , ,		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			0	☐ Delete			-		-	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP		-		☐ Delete						☐ Change	☐ Addition
TITLE NAME STRFFT ADDRESS CITY-ST-ZIP			·····	☐ Delete						☐ Change	☐ Addition
12. I hereby indicated of the corchanged	certify that the lon this report poration or the or on an atta	e information supplied of tor supplemental reporter or trustee eachment with an address	with this filing ort is true and more midd to ss, with all othe	does not qualify for securate and that execute this repor er like empowered	or the exe my signa	emption stated in States the state of the st	Section 119.07(3 e same legal effe 07, Florida Statu)(i), Florida Statutes ect as if made under tes; and that my nan	. I further cers oath; that I a ne appears in	ify that the ir m an officer n Block 10 or	nformation or director r Block 11 if

KONAID M SPADA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

561-276-3620 XIZ