

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90046 014 ***150.00

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1. Entity Name
PIDERIT CORPORATION

Principal Place of Business

7390 W. 18TH LANE
 HIALEAH, FL 33014

Mailing Address

7390 W. 18TH LANE
 HIALEAH, FL 33014



2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

03082005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
 04-3195183

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW
 536 BILTMORE WAY
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: **Adam Goldberg**
 Street Address (P.O. Box Number is Not Acceptable): **1792 Bell Tower Lane**
Weston Town Center
 City: **Weston** FL **33326**

8. The above named entity submits this statement in full compliance with the provisions of Chapter 607, Florida Statutes, regarding 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

[Handwritten Signature]

ADAM GOLDBERG

3/8/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

OFFICER	PD	<input type="checkbox"/> Delete
NAME	PIDERIT, OSCAR	
STREET ADDRESS	7390 W. 18TH LANE	
CITY-STATE-ZIP	HIALEAH, FL 33014	
OFFICER	VD	<input checked="" type="checkbox"/> Delete
NAME	PIDERIT, JONATHAN	
STREET ADDRESS	7390 W. 18TH LANE	
CITY-STATE-ZIP	HIALEAH, FL 33014	
OFFICER	SD	<input type="checkbox"/> Delete
NAME	PIDERIT, ARLENE	
STREET ADDRESS	7390 W. 18TH LANE	
CITY-STATE-ZIP	HIALEAH, FL 33014	
OFFICER	TD	<input type="checkbox"/> Delete
NAME	PIDERIT, ERIC	
STREET ADDRESS	7390 W. 18TH LANE	
CITY-STATE-ZIP	HIALEAH, FL 33014	
OFFICER		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
OFFICER		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glincher, Scott	
STREET ADDRESS	25 Marion St., #25	
CITY-STATE-ZIP	Brookline, MA 02446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I, the undersigned, certify that the information supplied with this filing does not justify for the exemption stated in Section 119.07(3)(f), 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 or assignee to exercise the 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, name, or all other information.

SIGNATURE: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADAM GOLDBERG

3/8/05 **954-247-1400**