

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90208 042 \*\*\*150.00

DOCUMENT # P99000062768

1. Entity Name  
PROSPEROUS INVESTMENTS, INC.



Principal Place of Business  
1421 SABAL TRAIL  
FORT LAUDERDALE, FL 33327

Mailing Address  
1421 SABAL TRAIL  
FORT LAUDERDALE, FL 33327

2. Principal Place of Business  
1960-7 N. Commerce Pkwy  
Suite, Apt. #, etc.

3. Mailing Address  
15834 W. State Rd. 84  
Suite, Apt. #, etc.



04192004 Chg-P CR2E034 (10/03)

City & State  
Weston FL  
Zip 33326 Country U.S.

City & State  
Sunrise, FL  
Zip 33326 Country U.S.

4. FEI Number  
65-0934508  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SHOMAR, JOSEPH  
17439 N.W. 66 COURT  
MIAMI, FL 33015

## 7. Name and Address of New Registered Agent

Name Shomar, Joseph  
Street Address (P.O. Box Number is Not Acceptable)  
7777 N.W. 146th Street  
City Miami Lakes FL Zip Code 33016

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, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BOTELLO DE PAEZ, AURA MARIA T 1421 SABAL TRAIL FT. LAUDERDALE, FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD PAEZ, CRISTOBAL 1421 SABAL TRAIL FT. LAUDERDALE, FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	15834 W. State Rd 84 Sunrise, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15834 W. State Rd 84 Sunrise, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Paez, Cristobal 15834 W. State Rd 84 Sunrise, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daytime Phone #

04-19-04 954.4720086