

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90005 048 \*\*\*150.00

|                                                |                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 260998</b>                       |  |
| 1. Entity Name<br>PRIDE-ODORITE OF FLORIDA INC |                                                                                   |

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br>93 N.E. 166TH ST.<br>N. MIAMI BEACH, FL 33162 US | Mailing Address<br>93 N.E. 166TH ST.<br>N. MIAMI BEACH, FL 33162 US |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

54056803



|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

05262004 Chg-P CR2E034 (10/03)

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|---------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br>UTTER, G.R.<br>93 NE 166 ST<br>MIAMI, FL 33162 |  |
|---------------------------------------------------------------------------------------------------|--|

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-0978080 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

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| 7. Name and Address of New Registered Agent<br>Name: <b>AMADO MARTINEZ</b><br>Street Address (P.O. Box Number is Not Acceptable):<br><b>93 NE 166 St.</b><br>City: <b>Miami</b> FL Zip Code: <b>33162</b>                                                                                                                                                                                                                                                                                                            |  |
| 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.<br>SIGNATURE: <i>(X) Amado Martinez</i> <b>Amado Martinez</b> <i>president</i> <b>Registered Agent</b> <b>5/26/04</b><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> |  |

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                      |
|------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>UTTER, G.R.<br>93 N.E. 166 STREET<br>MIAMI, FL 33162 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>Amado Martinez<br>93 NE 166 St.<br>Miami, FL 33162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |

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| 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: <i>(X) Amado Martinez</i> <b>Amado Martinez</b> <i>President</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Date: <b>5/26/04</b> | Daytime Phone: <b>305/949-3571</b> |

Attachment

54056803

#260998

May 26, 2004

Secretary of State  
Tallahassee, Florida

Dear Secretary:

We have filed our Annual Report on time every year since 1967. This year we never received the form, so on May 10th I called your office and was told a form would be sent out. When it did not arrive, I called again on May 24th.

Very truly yours,



G. R. Utter, President  
Pride Odorite of Florida, Inc.  
93 N. E. 166th Street  
North Miami Beach, FL 33162  
305. 949. 3571