


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90363 005 ***150.00


DOCUMENT # 414192		
1. Entity Name PEDRO REALTY, INC.		

Principal Place of Business 419 W. 49TH ST #106 HIALEAH, FL 33012 US	Mailing Address 419 W. 49TH ST #106 HIALEAH, FL 33012 US
--	--

2. Principal Place of Business 419 W. 49th St	3. Mailing Address 419 W. 49th St
Suite, Apt. #, etc. #105	Suite, Apt. #, etc. #105

City & State Hialeah, FL	City & State Hialeah, FL
Zip 33012	Country U.S.A

400000-



04182006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1451160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HERNANDEZ, PEDRO 15110 FALKIRK PLACE MIAMI LAKES, FL 33016	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HERNANDEZ, PEDRO 15110 FALKIRK PLACE MIAMI LAKES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MORALES, ARMINDA 5481 E 7TH AVE HIALEAH, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MENDEZ, LIZA E 5031 S.W. 151ST TR MIRAMAR, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODRIGUEZ, MANUEL O 8031 W 15TH LANE HIALEAH, FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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:  **4/25/06 305-556-6627**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
40073872
Division of Corporations

Annual Report

Annual Report Help

Document Number

414192

Business Entity Name

PEDRO REALTY, INC.

FEI Number 591451160

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 419 W. 49TH ST
Suite, Apt. #, etc. #106
City, State HIALEAH, FL
Zip Code & Country 33012 US

Mailing Address

Address 419 W. 49TH ST
Suite, Apt. #, etc. #106
City, State HIALEAH, FL
Zip Code & Country 33012 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA HERNANDEZ, PEDRO

Address (PO Box is not acceptable) 15110 FALKIRK PLACE

Suite, Apt. #, etc.

City, State MIAMI LAKES, FL

Zip Code & Country 33016 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

40073872

#414192

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

HERNANDEZ, PEDRO

Street Address

15110 FALKIRK PLACE

City, State

MIAMI LAKES, FL

Zip Code & Country

Title S

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

MORALES, ARMINDA

Street Address

5481 E 7TH AVE

City, State

HIALEAH, FL 00000

Zip Code & Country

Title P

Name (Last, First, Middle, Title)

MENDEZ, LIZA, E

- OR -

Entity Name to serve as
Officer/Director

Street Address

5031 S.W. 151ST TR

City, State

MIRAMAR, FL

Zip Code & Country

Title VP

Name (Last, First, Middle, Title)

RODRIGUEZ

MANUEL

- OR -

Entity Name to serve as
Officer/Director

Street Address

8031 W 15TH LANE

City, State

HIALEAH

FL

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title *President*

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

ATTACHMENT

40073872

Start Over

414192

[Sunbiz Home Page](#)

[Annual Report Help](#)