

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90015 033 ***150.00

DOCUMENT # 626606

1. Entity Name
PADRONE INVESTMENTS, INC.



Principal Place of Business
**C/O SANFORD REINHARD
2875 NE 191ST STREET, #404
NORTH MIAMI BCH., FL 33180**

Mailing Address
**C/O SANFORD REINHARD
2875 NE 191ST STREET, #404
NORTH MIAMI BCH., FL 33180**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1938425

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REINHARD, SANFORD N., P.A.
2875 NE 191ST STREET, SUITE 404
NORTH MIAMI BCH., FL 33180**

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IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PD
GOLDLIST, BARRY JOSEPH
97 HOWLAND AVE
TORONTO CANADA M6C 1R7, MSR 364**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**SD
GOLDLIST, GEROLD
139 STRATHEARN RD.
TORONTO CANADA M6C 1R7.**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
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CITY, ST, ZIP

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TITLE
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STREET ADDRESS
CITY, ST, ZIP

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IN THIS SPACE**

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: *Gerold Goldlist* *Gerold Goldlist* *Jan 8, 2007* *416 658-1861*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #