


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 631762</b> 1. Entity Name <b>CURA SOD CORPORATION</b>		
Principal Place of Business <b>6006 NORTH 22ND STREET TAMPA, FL 33610</b>	Mailing Address <b>6006 NORTH 22ND STREET TAMPA, FL 33610</b>	



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1962005</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CURA, ELIAS  
3103 W. BURKE AVENUE  
TAMPA, FL 33614**

**DO NOT WRITE  
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, 2005 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	VD CURA, ELIAS 6006 N. 22ND ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURA, ELIAS 6006 N. 22ND ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURA, MIRIAM 6006 N. 22ND ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CURA, MARCOS 5002 W. DICKENS AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CURA, DAVID 5004 W. DICKENS AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD LIVINGSTON, DANICET C 2636 S. DUNDEE ST. TAMPA, FL

1100000178367  
01/12/05-80034-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 #

1-6-05

813-232-1401