

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 631762 1. Entity Name CURA SOD CORPORATION	
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Principal Place of Business 6006 NORTH 22ND STREET TAMPA FL 33610	Mailing Address 6006 NORTH 22ND STREET TAMPA FL 33610
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1962005	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CURA, ELIAS 3103 W. BURKE AVENUE TAMPA FL 33614	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

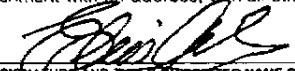
9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	VD ☐ Delete
NAME	CURA, ELIAS
STREET ADDRESS	6006 N. 22ND ST
CITY-ST-ZIP	TAMPA FL
TITLE	PD ☐ Delete
NAME	CURA, ELIAS
STREET ADDRESS	6006 N. 22ND ST.
CITY-ST-ZIP	TAMPA FL
TITLE	TD ☐ Delete
NAME	CURA, MIRIAM
STREET ADDRESS	6006 N. 22ND ST.
CITY-ST-ZIP	TAMPA FL
TITLE	VTD ☐ Delete
NAME	CURA, MARCOS
STREET ADDRESS	5002 W. DICKENS AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	SD ☐ Delete
NAME	CURA, DAVID
STREET ADDRESS	5004 W. DICKENS AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	SVD ☐ Delete
NAME	LIVINGSTON, DANICET C
STREET ADDRESS	2636 S. DUNDEE ST.
CITY-ST-ZIP	TAMPA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000416511
02/13/06-80018-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  1-30-06 813-232140