

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 631762

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: CURA SOD CORPORATION

## Current Principal Place of Business:

6006 NORTH 22ND STREET  
TAMPA, FL 33610

## New Principal Place of Business:

## Current Mailing Address:

6006 NORTH 22ND STREET  
TAMPA, FL 33610

## New Mailing Address:

FEI Number: 59-1962005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CURA, ELIAS  
6006 N 22ND STREET  
TAMPA, FL 33610 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: CURA, ELIAS  
Address: 6006 N. 22ND ST  
City-St-Zip: TAMPA, FL

Title: PD ( ) Delete  
Name: CURA, ELIAS  
Address: 6006 N. 22ND ST.  
City-St-Zip: TAMPA, FL

Title: TD ( ) Delete  
Name: CURA, MIRIAM  
Address: 6006 N. 22ND ST.  
City-St-Zip: TAMPA, FL

Title: VTD ( ) Delete  
Name: CURA, MARCOS  
Address: 5002 W. DICKENS AVE.  
City-St-Zip: TAMPA, FL

Title: SD ( ) Delete  
Name: CURA, DAVID  
Address: 5004 W. DICKENS AVE.  
City-St-Zip: TAMPA, FL

Title: SVD ( ) Delete  
Name: LIVINGSTON, DANICET C  
Address: 2636 S. DUNDEE ST.  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: CURA, ELIAS J  
Address: 6006 N. 22ND ST  
City-St-Zip: TAMPA, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SVD (X) Change ( ) Addition  
Name: CURA, DANICET M  
Address: 2636 S. DUNDEE ST.  
City-St-Zip: TAMPA, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIAS CURA

PD

01/13/2009

Electronic Signature of Signing Officer or Director

Date