

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90034 012 ***150.00

DOCUMENT # G10940

1. Entity Name
PELMAD CORPORATION



Principal Place of Business
**10598 NW SOUTH RIVER DR
MEDLEY, FL 33178 US**

Mailing Address
**10598 NW SOUTH RIVER DR
MEDLEY, FL 33178 US**

40001677



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0941318

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AIBEL, JONATHAN E.
10598 NW SOUTH RIVER DR
MEDLEY, FL 33178**

**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
**D
AIBEL, HAROLD
10598 NW S RIVER DR
MEDLEY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
AIBEL, ELEANOR
701 ARVIDA PARKWAY
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
AIBEL, JONATHAN E.
10598 NW S. RIVER DR.
MEDLEY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ARCE, LORENZO
10598 NW S RIVER DR
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SIMON, STEVE
1 SE 3RD AVE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
ROBINSON, RAY
1501 VENERA AVE
CORAL GABLES, FL**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exception stated in Section 119.07(3)(i), 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 #