

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G10940

FILED  
Jan 08, 2010  
Secretary of State

Entity Name: PELMAD CORPORATION

**Current Principal Place of Business:**

10598 NW SOUTH RIVER DR  
MEDLEY, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

10598 NW SOUTH RIVER DR  
MEDLEY, FL 33178 US

**New Mailing Address:**

FEI Number: 59-0941318

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AIBEL, JONATHAN E.  
10598 NW SOUTH RIVER DR  
MEDLEY, FL 33178 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: D  
Name: AIBEL, HAROLD  
Address: 10598 NW S RIVER DR  
City-St-Zip: MEDLEY, FL

Title: SD  
Name: AIBEL, ELEANOR  
Address: 701 ARVIDA PARKWAY  
City-St-Zip: CORAL GABLES, FL

Title: PD  
Name: AIBEL, JONATHAN E.  
Address: 10598 NW S. RIVER DR.  
City-St-Zip: MEDLEY, FL

Title: V  
Name: SIMON, STEVE  
Address: 1 SE 3RD AVE  
City-St-Zip: MIAMI, FL

Title: AS  
Name: ROBINSON, RAY  
Address: 1501 VENERA AVE  
City-St-Zip: CORAL GABLES, FL

I hereby 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 all other like empowered.

SIGNATURE: JONATHAN AIBEL

PD

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date