

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 10, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # H50421**

1. Entity Name  
**PELICAN PIER, INC.**



Principal Place of Business  
**1606 AVE "C", UNIT #5  
RIVIERA BEACH, FL 33404**

Mailing Address  
**1606 AVE "C", UNIT #5  
RIVIERA BEACH, FL 33404**



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2650959**

Applied For  
Not Applicable

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

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

**MANRESA, CARLOS  
1606 AVE "C", UNIT #5  
RIVIERA BEACH, FL 33404**

**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

*Dina Russell*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/5/05*

**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	P
NAME	MANRESA, CARLOS
STREET ADDRESS	1606 AVE "C", UNIT #5
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	V
NAME	MANRESA, JAMISON
STREET ADDRESS	11869 BIRCH ST.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	S
NAME	MANRESA, DINA
STREET ADDRESS	216 2ND COURT
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	T
NAME	MANRESA, FRANCOIS
STREET ADDRESS	1606 AVE "C", UNIT #5
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80085-008 150.00

**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)(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

*Dina Russell*

*1/5/05*

Date

Daytime Phone #

*861 840-9135*