

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90335 025 \*\*\*150.00

**DOCUMENT # H92412**

1. Entity Name  
**JORDAD CORPORATION**



Principal Place of Business  
**C/O A. F. ALENTADO & ASSOC.  
1149 SW 27 AVE. #203  
MIAMI, FL 33135**

Mailing Address  
**C/O A. F. ALENTADO & ASSOC.  
1149 SW 27 AVE. #203  
MIAMI, FL 33135**

**50038176**



2. Principal Place of Business  
**9400 South Dadeland Blvd'**

3. Mailing Address  
**9400 South DAdeland Blvd.**

Suite, Apt. #, etc.  
**Suite 601**

Suite, Apt. #, etc.  
**Suite 601**

01122005 Chg-P CR2E034 (10/03)

City & State  
**Miami, Fl**

City & State  
**Miami, Fl**

4. FEI Number  
**59-2612444**

Applied For  
Not Applicable

Zip  
**33156**

Country

Zip  
**33156**

Country

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

## 6. Name and Address of Current Registered Agent

**SAIEH, SORAYA  
1110 PAPAYA ST  
HOLLYWOOD, FL 33019**

## 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

Signature, typed or printed name of registered agent and state 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 **ST** ☐ Delete  
NAME **SAIEH, EMMA**  
STREET ADDRESS **1361 NE 118TH STREET**  
CITY - ST - ZIP **MIAMI, FL**

TITLE **P** ☐ Delete  
NAME **SAIEH, SORAYA**  
STREET ADDRESS **1110 PAPAYA ST**  
CITY - ST - ZIP **HOLLYWOOD, FL 33019**

TITLE **VP** ☐ Delete  
NAME **SAIEH, SALVADOR**  
STREET ADDRESS **1110 PAPAYA ST**  
CITY - ST - ZIP **HOLLYWOOD, FL 33019**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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: *X Soraya H. Saieh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04-18-05*  
Date

*305-895-6778*  
Daytime Phone #