## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 05, 2006 8:00 am Secretary of State DECUMENT # M11178 1. Entity Name 05-05-2006 90195 013 \*\*\*158.75 PYRAMID INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 13200 S.W. 128 ST BLDG G 13200 S.W. 128 ST BLDG G MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 2002N 1788 S.W. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number 59-2506425 $M/\delta m$ Not Applicable COUNTRY \$8.75 Additional 5. Certificate of Status Desired Fee Required G. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUTIERREZ, JOSE A. Street Address (P.O. Box Number is Not Acceptable) 11787 S.W. 93RD TERRACE **MIAMI FL 33186** City 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 printee name of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00? 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition NAME GUTIERREZ, JOSE A. NAME STREET ADDRESS 13200 S.W. 128ST BLDG G STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition **GUTIERREZ. TANIA** NAME STREET ADDRESS 13200 S.W. 128 ST, BLDG G STREET ADDRESS CITY - ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Detete TITLE Chance | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplier ental 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 receive the truetee 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 that an address, with all other like empowered.

**FILED** 

GTIERREZ 4-28-206 305 255 7575 SIGNATURE: