

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # M83075

1. Entity Name
PRUDENCIA INVESTMENTS INC.



Principal Place of Business
**2200 NW 102ND AVE ATE #3
MIAMI, FL 33172-2225 US**

Mailing Address
**2200 NW 102ND AVE ATE #3
MIAMI, FL 33172-2225 US**



03222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0053154

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALVAREZ, MANUEL
2200 NW 102ND AVE STE #3
MIAMI, FL 33172-2225**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000127401
04/23/04-80072-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, MANUEL 8525 SW 54TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVAREZ, BARBARA 13950 S.W. 16TH TERR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALVAREZ SR, MANUEL 13950 SW 16TH TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

Manuel A. Alvarez Jr.

03/31/04 (305) 477-2326

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #