


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90058 049 \*\*\*150.00

<b>DOCUMENT # P00000050544</b> 1. Entity Name <b>ALGENIB PRUDHOMME, PA.</b>					
Principal Place of Business <b>1247 BRANDY LAKE VIEW CIRCLE WINTER GARDEN, FL 34787</b>				Mailing Address <b>1247 BRANDY LAKE VIEW CIRCLE WINTER GARDEN, FL 34787</b>	
2. Principal Place of Business <b>14724 Masthead</b>				3. Mailing Address <b>14724 Masthead</b>	
Suite, Apt. #, etc. <b>Landing Cir</b>				Suite, Apt. #, etc. <b>Landing Circle</b>	
City & State <b>Winter Garden FL</b>				City & State <b>Winter Garden FL</b>	
Zip <b>34787</b>				Zip <b>34787</b>	
Country <b>Orange</b>				Country <b>Orange</b>	
6. Name and Address of Current Registered Agent  <b>PRUDHOMME, ALGENIB 1247 BRANDY LAKE VIEW CIRCLE WINTER GARDEN, FL 34787</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE _____	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRUDHOMME, ALGENIB 1247 BRANDY LAKE VIEW CIRCLE WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANCHEZ, JUAN 1247 BRANDY LAKE VIEW CIRCLE WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: <u>Algenib Prudhomme PA</u> <span style="float: right;">1/21/05 4079059709</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50006401



01212005 Chg-P CR2E034 (10/03)

4. FBI Number  
**59-3648942**

Applied For  
Not Applicable

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

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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**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	PD PRUDHOMME, ALGENIB	<input type="checkbox"/> Delete
NAME	1247 BRANDY LAKE VIEW CIRCLE	
STREET ADDRESS	WINTER GARDEN, FL 34787	
CITY-ST-ZIP		
TITLE	VD SANCHEZ, JUAN	<input type="checkbox"/> Delete
NAME	1247 BRANDY LAKE VIEW CIRCLE	
STREET ADDRESS	WINTER GARDEN, FL 34787	
CITY-ST-ZIP		
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	

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

TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	

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SIGNATURE: Algenib Prudhomme PA 1/21/05 4079059709  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR