


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000021162	
1. Entity Name PUDOR INVESTMENT CORP.	

Principal Place of Business 17050 NORTH BAY ROAD SUITE 502 SUNNY ISLES, FL 33160	Mailing Address 17050 NORTH BAY ROAD SUITE 502 SUNNY ISLES, FL 33160
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GUTIERREZ-VIZE, RAUL 17050 NORTH BAY ROAD SUITE 502 SUNNY ISLES, FL 33160

08112004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2375821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**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 reappointing) _____ DATE _____

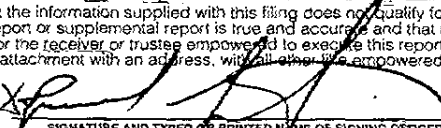
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUTIERREZ-VIZE, RAUL 17050 NORTH BAY ROAD, SUITE 502 SUNNY ISLES, FL 33160
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08/16/04-80005-011 150.00

**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 1 (9 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 _____ Date _____ Daytime Phone # _____