

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90081 019 ***150.00

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**

50061632



2. Principal Place of Business

3. Mailing Address

08092005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
52-2375821

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUTIERREZ-VIZE, RAUL
17050 NORTH BAY ROAD
SUITE 502
SUNNY ISLES, FL 33160**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GUTIERREZ-VIZE, RAUL**
STREET ADDRESS **17050 NORTH BAY ROAD, SUITE 502**
CITY-ST-ZIP **SUNNY ISLES, FL 33160**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Raul Gutierrez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-71-05

305-863 5600

Date

Daytime Phone #