## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000115440

1. Entity Name PRIDENT INC.



Mailing Address

23314 LIBERTY BELL TERR BOCA RATON, FL 33433-7609

Principal Place of Business

23314 LIBERTY BELL TERR BOCA RATON, FL 33433-7609 FILED
May 03; 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

04272007

No Chg-P

CR2E034 (11/05)

4. FEI Number 75-3043895

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Z, JAIRO

6. Name and Address of Current Registered Agent

SANCHEZ, JAIRO 23314 LIBERTY BELL BOCA RATON, FL 33433

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p tions of registered agent.	urpose of changing its req	gistered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	l applicable. (NOTE, Re	egistered Agent signati	re required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu	~ —	\$5.00 May Be Added to Fees	
IO.  IITLE  LAME STREET ADDRESS CITY-ST-ZIP  IITLE LAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D SANCHEZ, JULIO R 8205 NW 75 AVE FT LAUDERDALE, FL 33321 PVT SANCHEZ, JAIRO A 23314 LIBERTY BELL TERR BOCA RATON, FL 334337609	CTORS			U00000760216 05/25/07-80004-010 158.75
ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE IAME	S ORDONEZ, VICTORIA 23314 LIBERTY BELL TERR BOCA RATON, FL 33433				NOT WRITE THIS SPACE
TREET ANNUESCE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 employed 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 life employered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/07

561-482-1077

Daytime Phone #