

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121824

Entity Name: PEDRO PESCADOR, INC.

FILED
Mar 02, 2005
Secretary of State

Current Principal Place of Business:

537 W CANFIELD ST
AVON PARK, FL 33825

New Principal Place of Business:

2953 W. ENDICOTT
AVON PARK, FL 33825

Current Mailing Address:

P O BOX 875
AVON PARK, FL 33826

New Mailing Address:

FEI Number: 90-0001340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, KARLA R
1104 W PLEASANT ST
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTD () Delete
Name: PESCADOR, PEDRO
Address: 2120 N OLIVIA DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: SD () Delete
Name: VEGAS, SUSY
Address: 2953 W ENDICOTT RD
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SUSY, VEGA
Address: 2953 W ENDICOTT RD
City-St-Zip: AVON PARK, FL 33825

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSY VEGA

P

03/02/2005

Electronic Signature of Signing Officer or Director

_____ Date