


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90046 014 ***150.00

DOCUMENT # P02000050331

1. Entity Name
PIDERIT CORPORATION



Principal Place of Business Mailing Address

7390 W. 18TH LANE 7390 W. 18TH LANE
 HIALEAH, FL 33014 HIALEAH, FL 33014

2. Principal Place of Business 3. Mailing Address

State, Apt. #, etc. State, Apt. #, etc.

City & State City & State

4. FEI Number Applied For

04-3195183 Not Applicable

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

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW
 536 BILTMORE WAY
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: **Adam Goldberg**
 Street Address (P.O. Box Number is Not Acceptable): **1792 Bell Tower Lane**
 City: **Weston Town Center**
 City: **Weston** State: **FL** Zip: **33326**

8. I, the above named entity submits this statement in full compliance with 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 of registered agent: *[Signature]* Registered Agent signature required at or must accompany: **ADAM GOLDBERG** DATE: **3/8/05**

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---|---|--|--|
| OFFICER | PD PIDERIT, OSCAR 7390 W. 18TH LANE HIALEAH, FL 33014 | <input type="checkbox"/> Delete | TITLE Vice President NAME Glincher, Scott STREET ADDRESS 25 Marion St., #25 CITY-ST-ZIP Brookline, MA 02446 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| OFFICER | VD PIDERIT, JONATHAN 7390 W. 18TH LANE HIALEAH, FL 33014 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| OFFICER | SD PIDERIT, ARLENE 7390 W. 18TH LANE HIALEAH, FL 33014 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| OFFICER | TD PIDERIT, ERIC 7390 W. 18TH LANE HIALEAH, FL 33014 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| OFFICER | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| OFFICER | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I, the entity certify that the information supplied with this filing does not justify for the exemption stated in Section 119.07(3)(f), 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 or assignee to exercise the 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, name, or all other information.

SIGNATURE: *[Signature]* DATE: **3/8/05** TELEPHONE: **954-247-1400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ADAM GOLDBERG**