## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000074725

Entity Name: PRIDECON CONSULTING CORP

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:			
9432 SW 151 CT MIAMI, FL 33196							
Current Mailing Address:			New Mail	New Mailing Address:			
9432 SW 151 CT MIAMI, FL 33196							
FEI Number: 33-1016224 FEI Number Applied For ( ) FEI Num				mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
LUNA ACOSTA, SERGIO S 9432 SW 151 CT MIAMI, FL 33196 US							
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			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
			Title:				
Title: Name: Address: City-St-Zip:	. ,		Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	MR () I LUNA ACOSTA, 3 9432 SW 151 CT MIAMI, FL 3319	Г	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	MSS () I LUNA GUTIERRE 9432 SW 151 CT MIAMI, FL 3319	Г	Title: Name: Address: City-St-Zip:	9432 SW 1			
Title: Name: Address: City-St-Zip:	MSS () I LUNA GUTIERRE 9432 SW 151 CT MIAMI, FL 3319	Г <sup>°</sup>	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	MR () I LUNA GUTIERRE 9432 SW 151 CT MIAMI, FL 3319	Ţ <sup>*</sup>	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:		() Change () Addition		
I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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							

SIGNATURE: FRESSIA GUTIERREZ

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

Date

DD

05/01/2009