

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90008 008 ***150.00

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1. Entity Name
PIRADO, INC.



Principal Place of Business
3534 MACLAY BOULEVARD
TALLAHASSEE, FL 32312

Mailing Address
3534 MACLAY BOULEVARD
TALLAHASSEE, FL 32312

1100JJJJ



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2077217

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GEEKER, VAN P
1501 PARK AVENUE EAST
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 VAN P. GEEKER

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VIVIER, PIERRE
STREET ADDRESS	1100 BROOKWOOD DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	STD
NAME	VIVIER, LORAIN
STREET ADDRESS	1100 BROOKWOOD DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VD
NAME	VIVIER, DOMINIQUE I
STREET ADDRESS	1100 BROOKWOOD DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Lorraine Vivier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-04
Date

877-0343
Daytime Phone #