

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000124648

1. Entity Name
PROSPERITY TRADING & INVESTMENTS, INC.



Principal Place of Business
2630 NORTHWEST 119TH STREET
MIAMI, FL 33167

Mailing Address
POST OFFICE BOX 3963
HALLANDALE, FL 33008

FILED
May 11, 2005 08:00 AM
Secretary of State



05092005 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0754760

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZAMORA, ELEXANDER
2630 NW 119TH STREET
MIAMI, FL 33167

**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.

1100000366019
05/11/05-80027-003 150.00

SIGNATURE

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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZAMORA, ELEXANDER
STREET ADDRESS 2630 NORTHWEST 119TH STREET
CITY-ST-ZIP MIAMI, FL 33167

TITLE S
NAME ZAMORA, ELSA
STREET ADDRESS 2630 NORTHWEST 119TH STREET
CITY-ST-ZIP MIAMI, FL 33167

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #