

**FOR-PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # **PO3000022921**

1. Entity Name

Pacora, Inc.



FILED

11 MAY 17 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

6321 W Broward Blvd

3. Mailing Address

same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Plantation FL

City & State

4. FEI Number

Applied For

Not Applicable

Zip

33317

Country

Broward

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Reiter Luisa C.

Street Address (P.O. Box Number is Not Acceptable)

6321 W Broward Blvd

City

Plantation

FL

Zip Code

33317

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

lurei1202@gmail.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P Reiter, Luisa Cervanda
6321 W Broward Blvd
Plantation FL 33317**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP Reiter, Hans Peter
6321 W Broward Blvd
Plantation FL 33317**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**sec Reiter Coralie Belinda
6321 W Broward Blvd
Plantation FL 33317**

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NAME
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05/06/11--01045--018--**150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Luisa C. Reiter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.13.2011 954-8170514

DATE

Daytime Phone #

5117