

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90412 042 \*\*\*150.00

**DOCUMENT # P03000029659**

1. Entity Name  
**PELLBOND INVESTMENT, CORPORATION**



Principal Place of Business  
**407 LINCOLN RD., SUITE 11-N  
MIAMI BCH, FL 33139**

Mailing Address  
**407 LINCOLN RD., SUITE 11-N  
MIAMI BCH, FL 33139**

**66424352**



2. Principal Place of Business  
**407 LINCOLN RD**

3. Mailing Address  
**407 LINCOLN RD**

Suite, Apt. #, etc. **11 L**

Suite, Apt. #, etc. **11 L**

04292004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI BEACH FL**

City & State  
**MIAMI BEACH FL**

4. FEI Number  
**57-1160960**

Applied For  
☐ Not Applicable

Zip **33139**

Country **USA**

Zip **33139**

Country **USA**

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

6. Name and Address of Current Registered Agent

**ODELLA, NELSON  
407 LINCOLN RD., SUITE 11-N  
MIAMI BCH, FL 33139**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**SUITE 11 L**  
City **FL** Zip Code

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]*  
Signature, typed or printed name of registered agent, and file if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                                                |                                                                                 |                                 |
|------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BOTTA, ANTONIO<br>407 LINCOLN RD., SUITE 11-N<br>MIAMI BCH, FL 33139       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ODELLA, NELSON<br>407 LINCOLN RD., SUITE 11-N<br>MIAMI BCH, FL 33139       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CHABLA, ROBERTO<br>407 LINCOLN RD., SUITE 11-N<br>MIAMI BCH, FL 33139     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>STAMATION, EDOUARDO<br>407 LINCOLN RD., SUITE 11-N<br>MIAMI BCH, FL 33139 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>DOMINGO, JORGE<br>407 LINCOLN RD., SUITE 11-N<br>MIAMI BCH, FL 33139      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |  |                                                                   |
|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/24/04 3055310909**

Date

Daytime Phone #