


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90579 044 \*\*\*150.00

DOCUMENT # <del>000</del> P03000008472	
1. Entity Name <b>PAPD GROUP, INC.</b>	

**20037007**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>2531 SW 17TH STREET</b>	3. Mailing Address <b>2531 SW 17TH STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <b>33145</b>	Country <b>USA</b>	Zip <b>33145</b>	Country <b>USA</b>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>Spiegel &amp; Utrera, P.A.</b>
Street Address (P.O. Box Number is Not Acceptable)
<b>1840 Coral Way, 4th Floor</b>
City <b>Miami</b> FL Zip Code <b>33125</b>

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 reinstating)) DATE \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT PEDRO PORTUONDO 2531 SW 17TH STREET MIAMI FL 33145</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **PEDRO PORTUONDO**  **04/15/05** **786 554 1066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)