

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

10/1/2004-90001-041-\$550.00-\$550.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 OCT 25 PM 12:18

DOCUMENT # P03000072085

1. Entity Name  
CURADU INVESTMENTS CORP.



Principal Place of Business  
4052 S.W. 98 AVENUE  
MIAMI, FL 33165

Mailing Address  
4052 S.W. 98 AVENUE  
MIAMI, FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09292004

Chg-P

CR2E034 (10/03)

4. FEI Number

80-0077119

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, MARCOS F  
4052 S.W. 98 AVENUE  
MIAMI, FL 33165

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GARCIA, MARCOS F  
STREET ADDRESS 4052 S.W. 98 AVENUE  
CITY-ST-ZIP MIAMI, FL 33165

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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 to this address, with an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCOS F. GARCIA

Date

Daytime Phone #

09/29/04 305-609-7747