

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90194 031 \*\*\*150.00

**DOCUMENT # P03000100198**

1. Entity Name  
PELLCO INVESTMENTS, INC.



Principal Place of Business  
3025 S.W. 82ND AVE  
MIAMI, FL 33155

Mailing Address  
3025 S.W. 82ND AVE  
MIAMI, FL 33155

**24068219**

2. Principal Place of Business  
7359 SW 24 St.

3. Mailing Address  
7359 SW 24 St.

Suite, Apt. #, etc.  
# 162

Suite, Apt. #, etc.  
# 162

03102004 Chg-P CR2E034 (10/03)

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
20-0230397

Applied For  
Not Applicable

Zip  
33155

Country  
USA

Zip  
33155

Country  
USA

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

## 8. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

PELL, JORGE A  
3025 S.W. 82ND AVE  
MIAMI, FL 33155

Name

Street Address (P.O. Box Number is Not Acceptable)  
7359 SW 24 St.

# 162

City

MIAMI,

FL

Zip Code  
33155

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 \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
PELL, JORGE A  
3025 S.W. 82ND AVE  
MIAMI, FL 33155 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
7359 S.W. 24 St.  
MIAMI, FL 33155 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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

TITLE  
NAME  
STREET ADDRESS  
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 with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE PELL 4/26/04

Date

Daytime Phone #