

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166311

FILED  
May 01, 2006  
Secretary of State

Entity Name: MAYTE PRIDA FOUNDATION, INC.

## Current Principal Place of Business:

4000 TOWERSIDE TERRACE  
2009  
MIAMI SPRINGS, FL 33138

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 310503  
MIAMI, FL 33231

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRIDA, MAYTE  
4000 TOWERSIDE TERRACE  
2009  
MIAMI SPRINGS, FL 33138 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PRIDA, MAYTE  
Address: 4000 TOWERSIDE TERRACE #2009  
City-St-Zip: MIAMI SPRINGS, FL 33138

Title: DV ( ) Delete  
Name: FLOYD, PHIL  
Address: 702 CAMILO AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: DT ( ) Delete  
Name: PRIDA, MARIA T  
Address: 1111 BEICKELL BAY DR  
City-St-Zip: MIAMI, FL 33131

Title: DS ( ) Delete  
Name: LEVITAN, AIDA  
Address: 445 GRAN BAY DR APT 501  
City-St-Zip: KEY BISCAYNE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYTE PRIDA

DP

05/01/2006

Electronic Signature of Signing Officer or Director

Date