

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

01-09-2006 90029 030 ***158.75

DOCUMENT # P05000002924

1. Entity Name
KULODEX CORPORATION



Principal Place of Business
1010 SW 86TH CT.
MIAMI, FL 33144

Mailing Address
1010 SW 86TH CT.
MIAMI, FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. --

Suite, Apt. #, etc. --

City & State

City & State

Zip

Country

Zip

Country

01042006

Chig-P

CR2E034 (11/05)

4. FEI Number

11-3739343

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

DE CASTRO, ARTURO F
1010 SW 86TH CT.
MIAMI, FL 33144

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 \$150.00
After May 1, 2006 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	PD	<input type="checkbox"/> Delete
NAME	CORCUERA, ALBERTO A	
STREET ADDRESS	1010 SW 86TH CT.	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ARCEO, LULU A	
STREET ADDRESS	1010 SW 86TH CT.	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARCEO, ALBERTO JR.	
STREET ADDRESS	1010 SW 86TH CT.	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ARCEO, ALEXANDRO	
STREET ADDRESS	1010 SW 86TH CT.	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ARCEO, AMIRA DEL R	
STREET ADDRESS	1010 SW 86TH CT.	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Alberto Arceo

Alberto Arceo

01-05-06

205-2610770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #