

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000074316

1. Entity Name
CARIDO CORPORATION



Principal Place of Business
**905 TOWNE CENTER BLVD.
KISSIMMEE, FL 32759 US**

Mailing Address
**905 TOWNE CENTER BLVD.
KISSIMMEE, FL 32759 US**



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FFI Number
59-3212216

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIES, IDRIS
4803 ELBERT PLACE
KISSIMMEE, FL 34758**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of recognizing 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

4 2 8 0 4

Signature typed or printed in space provided below signature.

Date typed or printed in space provided below signature.

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Electronic signature fee and
any other contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	DAVIES, IDRIS
STREET ADDRESS	4803 ELBERT PLACE
CITY, STATE, ZIP	KISSIMMEE, FL 34758
TITLE	VP/D
NAME	DAVIES, CAROLYN
STREET ADDRESS	4803 ELBERT PLACE
CITY, STATE, ZIP	KISSIMMEE, FL 34758
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

**040000147753
040304-20119-012 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 corporations.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 2 8 0 4 4079334822

FILE

Examine Page 4