

**2005 FOR PROFIT CORPORATION  
- ANNUAL REPORT**

DOCUMENT # P95000025043

1. Entity Name  
CYCLONE INVESTMENT CORP.



Principal Place of Business

9200 S DADELAND BLVD  
700  
MIAMI, FL 33156 US

Mailing Address

9200 S DADELAND BLVD  
700  
MIAMI, FL 33156 US

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**



06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0658193

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GREEN, JERRY  
9200 S DADELAND BLVD STE 700  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

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 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME RIVERA, EDUARDO P  
STREET ADDRESS CANOVANAX ESSO SERVICE CENTER  
CITY-ST-ZIP RIO PIEDRAS, PR 00923

TITLE VPST  
NAME RIVERA, MARITZA P  
STREET ADDRESS CANOVANAX ESSO SERVICE CENTER  
CITY-ST-ZIP RIO POEDRAS, PR 00923

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000373140  
07/18/05-80002-023 \$50.00

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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)(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

Date

Daytime Phone #

P. 6/2/05 (305) 670-8100