

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90166 038 \*\*\*150.00

**DOCUMENT # P95000042166**

1. Entity Name  
**PRIDERITE CORP.**



400000

Principal Place of Business      Mailing Address  
**36 NE 1ST ST**      **36 NE 1ST ST**  
**#607**      **#607**  
**MIAMI, FL 33132-2408 US**      **MIAMI, FL 33132-2408 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04182006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0586845**      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

**THEIN, KURT**  
**141 CRANDON BLVD**  
**KEY BISCAYNE, FL 33149**

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      PSTD      ☐ Delete  
NAME      **THEIN, KURT**  
STREET ADDRESS      **141 CRANDON BLVD 242**  
CITY-ST-ZIP      **KEY BISCAYNE FL 33149**  
~~100 CARTO AVENUE~~  
~~CORAL GABLES, FL 33134~~

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
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TITLE      ☐ Change      ☐ Addition  
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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: **KURT THEIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-06 3054911195**  
Date Daytime Phone #