


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 213834 1. Entity Name PERSHING INDUSTRIES INC.	
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Principal Place of Business 14200 NW 57TH AVE HIALEAH, FL 33014 US	Mailing Address 14200 NW 57TH AVE HIALEAH, FL 33014 US
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0843901	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REVITZ, JANICE 14200 NW 57TH AVE HIALEAH, FL 33014

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KLEIN, LES 14200 NW 57TH AVE. HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD REVITS, MARK 14200 NW 57TH AVE. HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MAXWELL, ROBERT 14200 NW 57TH AVE. HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REVITS, JANICE 14200 NW 57TH AVE. HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: LES KLEIN **4/18/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #