
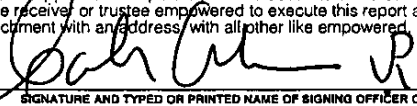


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90157 027 \*\*\*150.00

<b>DOCUMENT # 235005</b>					
1. Entity Name PASADENA GARDENS INC					
Principal Place of Business C/O DCI 2035 HARDING ST., #200 HOLLYWOOD, FL 33020 US			Mailing Address C/O DCI 2035 HARDING ST., #200 HOLLYWOOD, FL 33020 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0931668	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEYROWITZ, ANDREW C/O DCI 2035 HARDING ST., STE. 200 HOLLYWOOD, FL 33020			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<del>SD</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENCHACA, CARLOS		NAME	<del>BARON, PHYLLIS</del>	
STREET ADDRESS	600 LAYNE BLVD, #223		STREET ADDRESS	<del>600 LAYNE BLVD. #216</del>	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	<del>HALLANDALE, FL 33009</del>	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<del>TD</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTONELLI, JOHN		NAME	<del>CLARMUNT, PATRICIA</del>	
STREET ADDRESS	600 LAYNE BLVD.#204		STREET ADDRESS	<del>600 LAYNE BLVD. #118</del>	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	<del>HALLANDALE, FL 33009</del>	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARBER, MARVIN		NAME	PEPE, KATHLEEN	
STREET ADDRESS	600 LAYNE BLVD. #229		STREET ADDRESS	600 LAYNE BLVD #229	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEPE, DONALD		NAME	CLARAMUNT, PATRICIA	
STREET ADDRESS	600 LAYNE BLVD, #229		STREET ADDRESS	600 LAYNE BLVD # 118	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK, VIC		NAME		
STREET ADDRESS	600 LAYNE BLVD., #228		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Date: 4 29 05 954 5203266			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			