2005 NOT-FOR-PROFIT CORPORATION

FILED 2005 08:00 AM

- P.

ANNUAL REPORT					Secretary of State			
1. Entity Nam	MENT # 710741 PENTAL CORPORATION, INC.				56	ecretary	oi Stat	
Principal Place of Business _ 420 S DIXIE HIGHWAY CORAL GABLES, FL 33146		Mailing Address 420 S DIXIE HIGHWAY CORAL GABLES, FL 33146						
D	O NOT WRITE		CE	02092005 4. FEI Numb 59-123	No Chg-NP	CR2E037 (10/0	Applied For Not Applicable Additional	
420 S DIXI THIRD FLO	6. Name and Address of Current Rec LI, MARK, R IE HIGHWAY OOR ABLES, FL 33196	istered Agent	,	-	NOT W THIS SP			
8. The above named epithy submits this patement 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 of proled name of registered agent and title if approache. (NOTE Registered Agent signature required when revisitating) DATE								
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Finar Trust Fund Contribution.		00 May Be ad to Fees				
10. DILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIR TD ANTONELLI, MARK, R 420 S. DIXIE HWY CORAL GABLES, FL 00000, VPD LOCAGIO, EDWARD S 420 S DIXIE HWY	ECTORS			02/22 /0 5	7238705 80012-001	61,25	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORAL GABLS, FL 33146 SD MULLEN, MICHAEL A 420 SOUTH DIXIE HWY ., 3RD FLO CORAL GABLES, FL 33146	OR		DO	NOT W	RITE		
TITLE NAME STREET AODRESS CITY-ST-ZIP	PD ESCO, BENJAMIN M 420 S. DIXIE HWY 3RD FL CORAL GABLES, FL 33146			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE								

12. Thereby 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 617, 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: *

STREET ADDRESS CITY-ST-ZIP

HALLK MILLOUND SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIFFECTOR

305-1407-0203