


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90095 039 \*\*\*150.00

**DOCUMENT # K93330**

1. Entity Name  
**PEDIGREE INVESTMENTS, INC.**

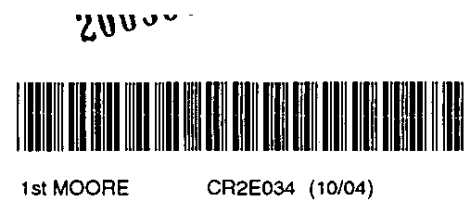


Principal Place of Business      Mailing Address  
**809 NW 1ST ST.**      **809 NW 1ST ST.**  
**FORT LAUDERDALE FL 33311**      **FORT LAUDERDALE FL 33311**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**65-0147836**      Not Applicable

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



6. Name and Address of Current Registered Agent  
**BRISLAND, ROBIN**  
**809 NW ST ST.**  
**FORT LAUDERDALE FL 33311**

*See change of address*

7. Name and Address of New Registered Agent  
 Name      **ROBIN BRISLAND**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2141 SW 28th TERRACE**  
 City      **FORT LAUDERDALE FL**      Zip Code      **33312**

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]*      **ROBIN BRISLAND**      **04/11/05**  
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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be  
 Trust Fund Contribution.            Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRISLAND, ROBIN 809 NW 1ST STREET FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRISLAND, MARIELOUISE C. 809 NW 1ST STREET FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #