
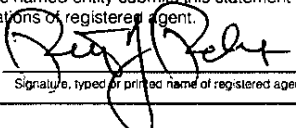
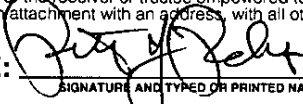


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90456 042 \*\*\*150.00

|   |                                    |  |  |  |                   |
|---|------------------------------------|--|--|--|-------------------|
| <b>DOCUMENT # M35138</b>  |                                    |  |  |         |                   |
| 1. Entity Name<br>PRENDES AND PRENDES, INC.   |                                    |  |  |  |                   |
| Principal Place of Business<br>% RAMON M. PRENDES<br>4320 W BROWARD BLVD., #5<br>PLANTATION, FL 33317 US  |                                    |  | Mailing Address<br>% RAMON M. PRENDES<br>883 NORTH FIG TREE LANE<br>PLANTATION, FL 33317 |  |                   |
| 2. Principal Place of Business  |                                    | 3. Mailing Address<br>4320 W. Broward Blvd.                                      |  |  |                   |
| Suite, Apt. #, etc.   |                                    | Suite, Apt. #, etc.<br>Suite 5   |  |  |                   |
| City & State  |                                    | City & State<br>Plantation, FL   |  | 4. FEI Number<br>59-2699414  |                   |
| Zip   |                                    | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                   |
| 33317   |                                    | U.S.   |  | 04162005 Chg-P CR2E034 (10/03)   |                   |
| 6. Name and Address of Current Registered Agent   |                                    |  | 7. Name and Address of New Registered Agent  |  |                   |
| PRENDES, RAMON M.<br>883 NORTH FIG TREE LANE<br>PLANTATION, FL 33317  |                                    |  | Name<br>Peter J. Prendes   |  |                   |
|   |                                    |  | Street Address (P.O. Box Number is Not Acceptable)                                       |  |                   |
|   |                                    |  | 11874 S.W. 9th Court   |  |                   |
|   |                                    |  | City<br>Davie  |  | FL Zip Code 33325 |
| 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    |                                    | Peter J. Prendes, President  |  | 4-28-2005  |                   |
| Signature, typed or printed name of registered agent and title if applicable.   |                                    | (NOTE: Registered Agent signature required when reinstating)                     |  | DATE   |                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>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 11                                    |  |                   |
| TITLE   | DP <input type="checkbox"/> Delete | TITLE  | D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |  |                   |
| NAME  | PRENDES, RAMON M.                  | NAME   | Prendes, Ramon   |  |                   |
| STREET ADDRESS  | 833 NORTH FIG TREE LANE            | STREET ADDRESS   | 1144 N.W. 90th Way   |  |                   |
| CITY-ST-ZIP   | PLANTATION, FL                     | CITY-ST-ZIP  | Plantation, FL 33322   |  |                   |
| TITLE   | D <input type="checkbox"/> Delete  | TITLE  | D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |  |                   |
| NAME  | PRENDES, PETER J.                  | NAME   | Prendes, Peter J.  |  |                   |
| STREET ADDRESS  | 883 N. FIG TREE LN                 | STREET ADDRESS   | 11874 S.W. 9th Court   |  |                   |
| CITY-ST-ZIP   | PLANTATION, FL                     | CITY-ST-ZIP  | Davie, FL 33325  |  |                   |
| 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  |  |  |                   |
| 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  |  |  |                   |
| 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:   |                                    | Peter J. Prendes, President  |  | 4-28-2005 954-583-2590   |                   |
| Signature and typed or printed name of signing officer or director  |                                    | Date   |  | Daytime Phone #  |                   |

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