



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M35138</b> 1. Entity Name PRENDES AND PRENDES, INC.	
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Principal Place of Business % RAMON M. PRENDES 4320 W BROWARD BLVD., #5 PLANTATION, FL 33317 US	Mailing Address 4320 W BOWARD BLVD SUITE 5 PLANTATION, FL 33317
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**DO NOT WRITE IN THIS SPACE**



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2699414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PRENDES, PETER J  
11874 SW 9TH COURT  
DAVIE, FL 33325

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

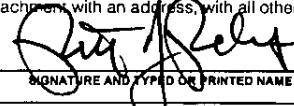
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000399518  
 04/17/08-80007-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRENDES, JUANA 1144 NW 90TH WAY PLANTATION, FL 333225012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRENDES, PETER J. 11874 SW 9TH COURT PLANTATION, FL 33325
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 3/08 \_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone #