2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # M53406 1. Entity Name SECRETARY OF STATE DIVISION OF CORPORATIONS PELFAM INCORPORATED 08 APR 11 AM 10: 39 Mailing Address Principal Place of Business 11960 N.W. 87TH COURT 11960 N.W. 87TH COURT HIALEAH GARDENS, FL 33016 HIALEAH GARDENS, FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2827933 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PELAEZ, JR., PEDRO Street Address (P.O. Box Number is Not Acceptable) 11960 NW 87TH COURT HIALEAH, FL 33018 City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition PELAEZ, PEDRO R. NAME NAME STREET ADDRESS 11960 NW. 87TH COURT STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33018 CITY-ST-7IP VD TITLE ☐ Delete TITLE ☐ Change Addition PELAEZ, PEDRO NAME NAME STREET ADDRESS 11960 NW 87TH COURT 600121074336 <u>/24/08--01006--</u>016 **15 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33018 CITY-ST-ZIP **150.00 TITLE ☐ Delete TITLE ☐ Change Addition PELAEZ, RAUL NAME NAME STREET ADDRESS 11960 NW 87TH COURT STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33018 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F ☐ Delete TITI F ☐ Change ☐ 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 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.