


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000093424  
1. Entity Name  
PENA-PADILLA & ASSOCIATES INC.



Principal Place of Business      Mailing Address  
17890 W. DIXIE HWY., #512      17890 W. DIXIE HWY., #512  
NORTH MIAMI BEACH, FL 33160      NORTH MIAMI BEACH, FL 33160



03152005      No Chg-P      CR2E034 (10/03)

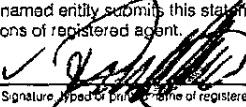
**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
65-1060237      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
PENA, RUTH A  
17890 W. DIXIE HWY., #512  
NORTH MIAMI BEACH, FL 33160

**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:       DATE: 3/15/05  
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, 2005 Fee will be \$550.00**

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


10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PENA, RUTH A
STREET ADDRESS	17890 W. DIXIE HWY., #512
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/05/05-80130-024 150.00

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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, and all other like empowered.

SIGNATURE:       DATE: 3/15/05      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR