# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**
**Jul 02, 2007 8:00 am**
**Secretary of State**
05-17-2007 90036 011 ***150.00

DOCUMENT # P00000115590

1. Entity Name
PENIEL INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 15337 SW 1 ST.<br>PEMBROKE PINES, FL 33028 | 15337 SW 1 ST.<br>PEMBROKE PINES, FL 33028 |

04242007 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 7500 NW 25 St | 7500 NW 25 St |
| Suite, Apt. #, etc.<br>Suite 239 | Suite, Apt. #, etc.<br>Suite 239 |
| City & State<br>Miami, Florida | City & State<br>Miami, Florida |
| Zip 33122 Country | Zip 33122 Country |

4. FEI Number 65-1062450 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GUTIERREZ, RENALDY J<br>601 BRICKELL KEY DRIVE, STE 201<br>MIAMI, FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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 the obligations of registered agent.

SIGNATURE _____ APRIL 20 - 2007
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, 2007 Fee Will Be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>GUTIERREZ, RENALDY J<br>601 BRICKELL KEY DRIVE, STE 201<br>MIAMI, FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DALDI, OMAR R<br>15337 S.W. 1 STREET<br>PEMBROKE PINES, FL 33028 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Daldi, Omar R<br>7500 NW 25 St. Suite 239<br>Miami, Florida 33122 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVS<br>BARCELLONA, VICENTE D<br>15337 S.W. 1 STREET<br>PEMBROKE PINES, FL 33028 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVS<br>Barcellona, Vicente<br>7500 NW 25 St. Suite 239<br>Miami, Florida 33122 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** _____ June 29, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #