FILED
Jan 22, 2008 08
Secretary of

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000115590

1. Entity Name
PENIEL INC.

Principal Place of Business	Mailing Address
7500 N.W. 25TH ST SUITE 239 MIAMI, FL 33122	601 BRICKELL KEY DRIVE SUITE 201 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

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

GUTIERREZ, RENALDY J
601 BRICKELL KEY DRIVE, STE 201
MIAMI, FL 33131

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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) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	AS
NAME	GUTIERREZ, RENALDY J
STREET ADDRESS	601 BRICKELL KEY DRIVE, STE 201
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	PD
NAME	DALDI, OMAR R
STREET ADDRESS	7500 N.W. 25TH ST SUITE 239
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	OVS
NAME	BARCELLONA, VINCENTE D
STREET ADDRESS	7500 N.W. 25TH ST SUITE 239
CITY-ST-ZIP	MIAMI, FL 33122
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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01/23/08-80041-003 150.00

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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: _____ OMAR DALDI 01-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #