


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P94000092165** *NYC 12-10-02 RLB*

1. Entity Name
THE PENAS ENTERPRISES, INC.

THE PENAS PAINTING Enterprises INC



55049446

Principal Place of Business
 5350 NW 200 TERR
 #12
 MIAMI FL 33055

Mailing Address
 5350 NW 200 TERR
 #12
 MIAMI FL 33055

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number: **54-211030** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PENA, DIANA C
 5350 NW 200 TERR
 #12
 MIAMI FL 33055

7. Name and Address of New Registered Agent

Name **PENA, GUSTAVO**
 Street Address (P.O. Box Number is Not Acceptable)
5350 N.W. 200 TER.
#12.
 City **Miami** FL Zip Code **33055**

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 *Diana Pena* **DIANA PENA P.** DATE **4/14/03.**

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, 2003 Fee will be \$650.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME	P PENA, DIANA C <input type="checkbox"/> Delete
STREET ADDRESS	5350 NW 200 TERR, #12
CITY-ST-ZIP	MIAMI FL 33055
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	V PENA, GUSTAVO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5350 N.W. 200 TER #12.
CITY-ST-ZIP	Miami FL 33055.
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* **4/14/03 305 625081**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #