## **2005 FOR PROFIT CORPORATION FILED** ANNUAL REPORT Mar 26, 2005 08:00 AM DOCUMENT # P96000081883 **Secretary of State** PENINSULA INVESTMENTS, INC. Principal Place of Business \_\_ Mailing Address C/O MILLER AND WEBNER PA C/O MILLER AND WEBNER PA P.O. BOX 266947 P.O. BOX 266947 WESTON, FL 33326-6947 US WESTON, FL 33326-6947 US 02142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0702743 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, REBECCA M ESQ DO NOT WRITE % MILLER & WEBNER, P.A. 2442 POINCIANA COURT IN THIS SPACE WESTON, FL 33327 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)

FILE	NOWIII	FEE 19	\$150.0	10
After May	y 1, 200	5 Fee v	vill be \$	550.00

DUNKEL, KARL-HEINZ

WESTON, FL 33327

2442 POINCIANA COURT

10.

TITLE NAME

mie NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

OFFICERS AND DIRECTORS

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

1000000277241 03/26/05-80021-022 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
indicated of the cor	on this report or supplemental report is true and accurate and that my signate	nption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati- ure shall have the same legal effect as if made under oath; that I am an officer or direc- ed by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block

changed, or on an attachment with an address, with all other like empowered. March 5,2005

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954)385-9030

Daytime Phone #