


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90019 035 ***150.00

DOCUMENT # S01327
 1. Entity Name
PENSACOLA INVESTMENTS, INC.



Principal Place of Business
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES, FL 33016

Mailing Address
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES, FL 33016

94018766



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01212004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0220464

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, CHRISTY
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable)

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: _____
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUBOW, CHERYL 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP KISLAK, JAY I. 7900 MIAMI LKS DR. W. MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT BARTELMO, THOMAS 7900 MIAMI LAKES DR WEST MIAMI LAKES, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUBOW, CHERYL 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KISLAK, JAY I. 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BARTELMO, THOMAS 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAUN, STEPHEN 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 
THOMAS BARTELMO, PRESIDENT

Date: **02/18/2004** Daytime Phone #: **305-364-4106**