2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # S01327

1. Entity Name

PENSACOLA INVESTMENTS, INC.



FILED May 01, 2006 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016

7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

No Chg-P CR2E034 (11/05) 04242006 Applied For 4. FEI Number 65-0220464 Not Applicable

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

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

DO NOT WRITE IN THIS SPACE

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, typod or proted name of registered agent and title 6 applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUBOW, CHERYL 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016		U00000546488 05/11/06-80119-006 150.0		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KISLAK, JAY I. 7900 MIAMI LKS DR. W. MIAMI LAKES, FL 33016		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-S1-ZIP	DPT BARTELMO, THOMAS 7900 MIAMI LAKES DR WEST MIAMI LAKES, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016				
TITLE NAME STREET ADDRESS CITY ST-ZIP	VP BRAUN, STEPHEN 7900 MIAMI LAKES DR. W HIALEAH, FL 33016				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 attacoment with an address, with all other like empowered.

SIGNATURE: