

2004 FOR PROFIT CORPORATION ANNUAL REPORT

08-09-2004 90139 001 ***317.50
P01000074056

FILED

04 AUG 17 PM 2: 21


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6604-5101



DOCUMENT # P01000074056

1. Entity Name
PEN BROS CORP.



Principal Place of Business
**780 NORTHWEST LE JEUNE ROAD #516
MIAMI, FL 33126**

Mailing Address
**780 NORTHWEST LE JEUNE ROAD #516
MIAMI, FL 33126**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
780 NW 42 Ave

Suite, Apt. #, etc.
516

City & State
MIAMI FL

Zip
33126

Country

07302004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**PIEDRA, AURELIO A
780 NORTHWEST LE JEUNE ROAD #516
MIAMI, FL 33126**

4. FEI Number
65-1127839

Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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	PD PENA, JOSE E 780 NW 42 AVE MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORENO, MARTHA E 780 NW 42 AVE MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENA, JOSE L 780 NW 42 AVE MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALDONADO, CONSUELO 780 NW 42 AVE MIAMI, FL 33126	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: **X See Attached** **7/29/04(305)443-7122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Attachment
66431644

DOCUMENT # P0100074056 1. Entry Name PEN BROS CORP.			
Principal Place of Business 780 NORTHWEST LE JEUNE ROAD #516 MIAMI, FL 33126		Mailing Address 780 NORTHWEST LE JEUNE ROAD #516 MIAMI, FL 33126	
2. Principal Place of Business Suite, Apt., or, etc.		3. Mailing Address 780 NW 42nd Ave Suite, Apt., or, etc. 516	
City & State Zip		City & State Miami FL Zip 33126	
4. FEI Number 65-1127839		Applied For Not Applicable	
5. Corporate Status Desired		<input checked="" type="checkbox"/> \$8.78 Additional Fee Required	
6. Name and Address of Current Registered Agent PIEDRA, AURELIO A 780 NORTHWEST LE JEUNE ROAD #516 MIAMI, FL 33126		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 entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida from former with, and accept the obligations of registered agent.			
SIGNATURE (Name, Title or Status name of registered agent and his or her address) (Name, Registered Agent Signature and his or her address) DATE			
FILE NOW! FEE IS \$580.00 Due by September 8, 2004		9. Section Campaign Financing "Trust Fund Contribution." <input type="checkbox"/> \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO PENA, JOSE E 780 NW 42 AVE MIAMI, FL 33126	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VO MORENO, MARTHA E 780 NW 42 AVE MIAMI, FL 33126	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD PENA, JOSE L 780 NW 42 AVE MIAMI, FL 33126	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD MALDONADO, CONSUELO 780 NW 42 AVE MIAMI, FL 33126	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	<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 19.07(3)(b), Florida Statutes. I further certify that the information included on this report or supplemental report is true and so certify that I am my signature shall have the same legal effect as if made under oath. I shall sign as officer or director of the corporation or the receiver or trustee empowered to so certify this report as required by Chapter 607, Florida Statutes, and file my name address in Block 10 or Block 11 if changed, or on an attached sheet with an address with all addresses attached.			
SIGNATURE: X JOSE E PENA		7/29/04 (305) 443-7122	

Attachment 6043643
Doc. # 001000074055-

VARGAS, PIEDRA & CO.
CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS
AMERICAN AND FLORIDA
INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

SUITE 510
LE JEUNE CENTRE
780 N.W. LE JEUNE ROAD
MIAMI, FLORIDA 33128
TELEPHONE
(305) 443-7122

August 3, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: PECAL INVESTMENTS, INC.
& PEN BROS CORP.

Enclosed you shall find a check in the amount of \$317.50 as per our telephone conversation. Please note that the owner/president of the company was out of the country for 4 months and did not receive the annual report card on time due to the fact he was out. Please abate the penalties. We will make sure that next year he is aware that this annual report arrives around January and is due May 1 of every year.

Thank you for your cooperation regarding this matter.

Sincerely,



Aurelio A. Piedra, CPA

AAP/dci