

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07302004 Chg-P CR2E034 (10/03)


<b>DOCUMENT # P01000074056</b> 1. Entity Name <b>PEN BROS CORP.</b>					
Principal Place of Business <b>780 NORTHWEST LE JEUNE ROAD #516 MIAMI, FL 33126</b>			Mailing Address <b>780 NORTHWEST LE JEUNE ROAD #516 MIAMI, FL 33126</b>		
2. Principal Place of Business		3. Mailing Address <b>780 NW 42 Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>516</b>			
City & State		City & State <b>MIAMI FL</b>			
Zip	Country	Zip <b>33126</b>	Country	4. FEI Number <b>65-1127839</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PIEDRA, AURELIO A 780 NORTHWEST LE JEUNE ROAD #516 MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PENA, JOSE E 780 NW 42 AVE MIAMI, FL 33126</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MORENO, MARTHA E 780 NW 42 AVE MIAMI, FL 33126</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PENA, JOSE L 780 NW 42 AVE MIAMI, FL 33126</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MALDONADO, CONSUELO 780 NW 42 AVE MIAMI, FL 33126</b> <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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.					
<b>SIGNATURE: X</b>			<b>See Attached</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>7/29/04 (305) 443-7122</b> Date Daytime Phone #		

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P.O

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000074056</b>			
1. Entity Name <b>PEN BROS CORP.</b>			
Principal Place of Business <b>780 NORTHWEST LE JEUNE ROAD #516 MIAMI, FL 33126</b>		Mailing Address <b>780 NORTHWEST LE JEUNE ROAD #516 MIAMI, FL 33126</b>	
2. Principal Place of Business		3. Mailing Address <b>780 NW 42nd Ave</b>	
Suite Apt. #, etc.		Suite, Apt. #, etc. <b>516</b>	
City & State		City & State <b>Miami FL</b>	
Zip	Country	Zip	Country
<b>33126</b>		<b>33126</b>	
4. FEI Number <b>65-1127839</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.78 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>PIEDRA, AURELIO A 780 NORTHWEST LE JEUNE ROAD #516 MIAMI, FL 33126</b>		7. Name and Address of New Registered Agent NAME Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 from former with, and accept the obligations of registered agent.			
SIGNATURE Signature of Current or Former Name of Registered Agent and New Address (if applicable) (Print Name of Registered Agent and New Address (if applicable)) DATE			
<b>FILE NOW! FEE IS \$350.00 Due by September 8, 2004</b>		9. Election Campaign Financing Full Pledge Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Pledge</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
NAME STREET ADDRESS CITY-STATE-ZIP	PO PENA, JOSE E 780 NW 42 AVE MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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(2)(b), Florida Statutes. I further certify that the information included 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. I shall not be a director or officer of the corporation or the receiver or trustee empowered to so include this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11, if changed, or in an attached form with an address with all addresses attached.			
SIGNATURE: <b>X JOSE E. PENAS</b>		<b>7/29/04 (305) 443-7122</b>	

**Attachment**  
**66431644**

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