2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000078341

1. Entity Name

SENOR STEREO-PEMBROKE PINES, INC.



Apr 27, 2006 08:00 AM Secretary of State

FILED

Principal Place of Business

Mailing Address

9015 WEST PINES BLVD.

9015 WEST PINES BLVD.

UNIT 2

DO NOT WRITE IN THIS SPACE

PEMBROKE PINES, FL 33024-6440

PEMBROKE PINES, FL 33024-6440



03082006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1130059 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEON, FELIPE 9015 WEST PINES BLVD.

UNIT 2

10.

PEMBROKE PINES, FL 33024-6440

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	named entity submits this statement for the ons of registered agent.	ourpose of changin	ig its registered office or	registered agent, or both, in the	State of Florida. I am familiar with,	and accept
SIGNATURE	dignature, typed or printed name of registered agent and title	if epplicable	[NOTE: Registered Agent signatu	ré required when reinstating)	DATE	
		t Flection Ce	maeiga Einenoina	\$5.00 v s	<u></u> _	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

Election Campaign Financing =.
 Trust Fund Contribution.

--\$5.00 May Be Added to Fees

TITLE NAME LEON, FELIPE STREET ADDRESS 9015 WEST PINES BLVD, UNIT 2 CITY-S7-21P PEMBROKE PINES, FL 330246440 TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP KILE NAME STREET ADDRESS C(TY-ST-ZIP NAME

OFFICERS AND DIRECTORS

02\08\02-8011\7-010\12\00\00\00\2883

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12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is two 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 people 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:

STREET ADDRESS CITY-ST-ZIP

WAME STREET ADDRESS CITY-ST-ZIP

SIGHATURE AND TYPED OR PRINTED HA

PRINTED NAME OF STANING OFFICER OF OFFICER

04-18-06

(954) 333 - 1322

Owytime Phone #