2005 FÖR PROFIT CORPORATION ANNUAL REPORT

Jul 06, 2005 08:00 AM Secretary of State **DOCUMENT # 213834** 1. Entity Name PERSHING INDUSTRIES INC. Principal Place of Business Mailing Address 14200 NW 57TH AVE 14200 NW 57TH AVE HIALEAH, FL 33014 US HIALEAH, FL 33014 CR2E034 (10/03) 07012005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0843901 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE REVITZ, JANICE 14200 NW 57TH AVE HIALEAH, FL 33014 IN THIS SPACE 8. The above tramed 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 renstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Feas Due by September 7, 2005 OFFICERS AND DIRECTORS 16. HITLE KLEIN, LES NAME 14200 NW 57TH AVE. STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33014 VD TITLE 07/06/05-80002-013 SS0.00 NAM REVITS, MARK STREET ADDRESS 14200 NW 57TH AVE. CITY-ST-ZIP HIALEAH, FL 33014 time MAXWELL, ROBERT NAME 14200 NW 57TH AVE. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HIALEAH, FL 33014 IN THIS SPACE TITLE PD REVITS, JANICE NAME STREET ADDRESS 14200 NW 57TH AVE. CITY-ST-ZIP HIALEAH, FL 33014 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

821-1421

FILED

Daytime Phone #