



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 414192 1. Entity Name PEDRO REALTY, INC.	
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Principal Place of Business 419 W 49 ST. SUITE 105 HIALEAH, FL 33012 US	Mailing Address 419 W 49 ST. SUITE 105 HIALEAH, FL 33012 US
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DO NOT WRITE IN THIS SPACE

	
04172008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 59-1451160	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, PEDRO
 419 W 49TH ST. # 105
 HIALEAH, FL 33012

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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 \$150.00
After May 1, 2008 Fee will be \$550.00

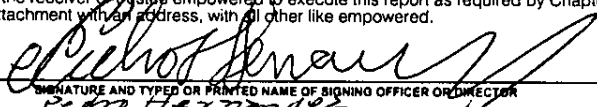
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000915646
 05/09/08-80023-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HERNANDEZ, PEDRO 15110 FALKIRK PLACE MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MORALES, ARMINDA 5481 E 7TH AVE HIALEAH, FL 00000,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MENDEZ, LIZA E 5031 S.W. 151ST TR MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP RODRIGUEZ, MANUEL O 8031 W 15TH LANE HIALEAH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Pedro Hernandez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04/18/2008 Daytime Phone #: 305-5566627