2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Jan 19, 2007 08:00 A Secretary of State **DOCUMENT #475841** 1. Entity Name P.N.M., CORP. Principal Place of Business Mailing Address 9870 SM62NDST 9870 SM62NDST MAM, FL 33173 MAM, FL 33173 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1611559 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NARANJO-MULLER, PEDRO PTD DO NOT WRITE 9870 SW 62ND STREET MIAMI, FL 33173 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000593612 22/07-80039-003 150.00 NAME NARANJO-MULLER, PEDRO PD STREET ADDRESS 9870 S.W. 62 STREET CiTY-ST-ZIP MIAMI, FL 33173 VST TITLE NARANJO, TERESITA VSTD NAME STREET ADDRESS 9870 S.W. 62 STREET CITY-ST-ZIP MIAMI, FL 33173 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE: SIGNATURE and TYPED OAPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-254-3316

Daytime Phone #