2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

475841 DOCUMENT

1. Entity Name P.N.M., CORP.

Principal Place of Business



FILED Feb 03, 2003 8:00 am **Secretary of State**

02-03-2003 90145 047 ***150.00

5760 NW 22ND AVE. MIAMI FL 33142				987USW 62 51 MIAMI FL 33173							
2. Principal Place of Business			3. Mail	3. Mailing Address				1 (00))) DIRIK (710) DINA 1811 811		ILLI BIDII BIBII B	LOLÍ BYBIL IODÍ
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State	e		City	City & State				4. FEI Number NOT APPLICABLE Applied For Not Applicable			
Zip				Zip		-Country		Certificate of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
NARANJO-MULLER, PEDRO						Name					
3780 NW 22ND AVE.					Street Address (I			(P.O. Box Number is Not Acceptable)			
MIAMI FL 33142											
						City			FL	Zip Code	e
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							!	Election Campaign Fin Trust Fund Contribution	~ _		May Be to Fees
10.		OFFICERS AN	D DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MULLER, PEDRO 62 STREET 00000		Delete		' 1				Change	☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR