2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 10, 2006 8:00 am
Secretary of State
03-28-2006 90117 049 ***150.00

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1. Entity Name
PENNSYLVANIA INVESTMENTS CORPORATION

Principal Place of Business	Mailing Address
1925 BRICKELL AVENUE SUITE D-202 MIAMI, FL 33129	1925 BRICKELL AVENUE SUITE D-202 MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE

01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2264016

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, RAMON
782 NW 42ND AVE
#447
MIAMI, FL 33126

DO NOT WRITE 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 _____ 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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOSA, SALVADOR B
STREET ADDRESS	1925 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	S
NAME	BROUWER, MARIA
STREET ADDRESS	1925 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	D
NAME	SOLER, ENRIQUE E
STREET ADDRESS	1925 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Maria Brouwer MARIA BROUWER 3/16/06 (305) 856-1452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #