


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 651638 1. Entity Name PEMBROKE CORPORATION	
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Principal Place of Business % WILLIAM C. DAVIS, III ESQUIRE 2655 LEJEUNE RD., PH2 CORAL GABLES, FL 33134	Mailing Address % WILLIAM C. DAVIS, III ESQUIRE 2655 LEJEUNE RD., PH2 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1952951	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, WILLIAM C., III
2655 LEJEUNE RD. PH2
CORAL GABLES, FL 33134

**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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FADEL, HABIB 2655 LEJEUNE RD. PH2 CORAL GABLES, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DAVIS, WILLIAM C. 2655 LEJEUNE RD. PH2 CORAL GABLES, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000352004
05/03/05-80010-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

WILLIAM C. DAVIS, III

4/27/05 305-448-3290

SECRETARY

Date

Daytime Phone #