

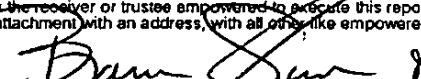


**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

66021341

[illegible]

1st MOORE CR2E037 (10/04)

<b>DOCUMENT # 705010</b> 1. Entity Name <b>PENTLAND HALL OF DADE COUNTY, INC.</b>				<b>Secretary of State</b> 01-31-2005 90057 028 ****70.00	
Principal Place of Business <b>2075 IXORA RD. NORTH MIAMI FL 33181</b>		Mailing Address <b>2075 IXORA RD. NORTH MIAMI FL 33181</b>		<b>66021341</b> 	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		1st MOORE CR2E037 (10/04) 4. FEI Number <b>59-0991547</b> Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>KING, KAY 2075 IXORA RD. NORTH MIAMI FL 33181</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP PD KING, KAY 2075 IXORA RD. NORTH MIAMI FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP SD DORIS BRETHART 1080 94ST PPT 511 BAY HARBOR FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP SD BROWN, DOROTHY 1560 NE 105 ST. MIAMI SHORES FL 33138 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP TD SANO, BARRIE 1351 NE 24 CT. N. MIAMI FL <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP TD SANO, BARRIE 1351 NE 24 CT. N. MIAMI FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP VD CHAPELLE, CATHERINE 7260 SW 148 CT MIAMI FL 33193 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP VD CHAPELLE, CATHERINE 7260 SW 148 CT MIAMI FL 33193 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP VD CHAPELLE, CATHERINE 7260 SW 148 CT MIAMI FL 33193 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP VD CHAPELLE, CATHERINE 7260 SW 148 CT MIAMI FL 33193 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP VD CHAPELLE, CATHERINE 7260 SW 148 CT MIAMI FL 33193 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP VD CHAPELLE, CATHERINE 7260 SW 148 CT MIAMI FL 33193 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP VD CHAPELLE, CATHERINE 7260 SW 148 CT MIAMI FL 33193 <input type="checkbox"/> Delete		
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 617, 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:  1/20/05 305-945-5905 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					