


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F46900**

1. Entity Name  
**CHARLES PENGELLY ASSOCIATES, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>7 EAST 20 STREET<br/>10F<br/>NEW YORK NY 10003<br/>US</b> | Mailing Address<br><b>2800 N 46 AVE.<br/>#405A<br/>HOLLYWOOD FL 33021<br/>US</b> |
|---|--|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE CR2E034 (10/05)

4. FEI Number **59-2130858** ☐ Applied For ☐ Not Applied For

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

6. Name and Address of Current Registered Agent

**PENGELLY, CHARLES  
2800 N. 46TH AVE.  
405A  
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** 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 reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS |                                    |  |
|----------------------------|------------------------------------|--|
| TITLE                      | PD <input type="checkbox"/> Delete |  |
| NAME                       | PENGELLY, CHARLES                  |  |
| STREET ADDRESS             | 2800 N. 46TH AVE., #405A           |  |
| CITY-ST-ZIP                | HOLLYWOOD FL                       |  |
| TITLE                      | VD <input type="checkbox"/> Delete |  |
| NAME                       | HOFFMAN, SHIRLEY KAHN              |  |
| STREET ADDRESS             | 2800 N. 46TH AVE., #405A           |  |
| CITY-ST-ZIP                | HOLLYWOOD FL                       |  |
| TITLE                      | <input type="checkbox"/> Delete    |  |
| NAME                       |                                    |  |
| STREET ADDRESS             |                                    |  |
| CITY-ST-ZIP                |                                    |  |
| TITLE                      | <input type="checkbox"/> Delete    |  |
| NAME                       |                                    |  |
| STREET ADDRESS             |                                    |  |
| CITY-ST-ZIP                |                                    |  |
| TITLE                      | <input type="checkbox"/> Delete    |  |
| NAME                       |                                    |  |
| STREET ADDRESS             |                                    |  |
| CITY-ST-ZIP                |                                    |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |
|---|--|--|
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |  |
| STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |  |  |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |  |
| STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |  |  |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |  |
| STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |  |  |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |  |
| STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |  |  |

U00000413688  
02/11/06-800006-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Charles Pengelly, Pres.* Charles Pengelly 954-967-90