

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90283 025 ***150.00

DOCUMENT # F99000003720 1. Entity Name PENTA ASSOCIATES, INC.					
Principal Place of Business 3650 VIENNA DR APTOS, CA 95003 US			Mailing Address 3650 VIENNA DR APTOS, CA 95003 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 94-1585098	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VILLA VISTA MANAGEMENT, INC. 4700 OCEAN BEACH BLVD COCOA BEACH, FL 32931				Name APOLLO REALTY, INC Street Address (P.O. Box Number is Not Acceptable) 1485 NORTH ATLANTIC AVE City COCOA BEACH FL Zip Code 32931	
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 <u><i>Rebecca L. Paul</i></u> DATE <u>4-26-05</u> <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP CANNIZZARO, JAMES 3650 VIENNA DR APTOS, CA 95003	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD CANNIZZARO, JAMES 3650 VIENNA DR. APTOS, CA 95003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNIZZARO, PAMELA 3650 VIENNA DRIVE APTOS, CA 95003	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNIZZARO, GEN 3782 VIENNA DR. APTOS, CA 95003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SOKOL, JOHN E 1080 ALDERBROOK LANE SAN JOSE, CA 95129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOECHER, GRACE 680 VIA MANZANA AROMAS, CA 95004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOLTZCLAW, MARLENE 1081 WALLACE AVE APTOS, CA 95003	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RUSSELL, FRANCES 8673 LORDS MANOR WAY ROHNERT PARK, CA 94928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Jimmy Cannizzaro</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Jimmy Cannizzaro			Date <u>4/21/05</u> (831) <u>685-0978</u> <small>Daytime Phone #</small>		