


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # G10940 1. Entity Name PELMAD CORPORATION	
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Principal Place of Business 10598 NW SOUTH RIVER DR MEDLEY, FL 33178 US	Mailing Address 10598 NW SOUTH RIVER DR MEDLEY, FL 33178 US
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0941318	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AIBEL, JONATHAN E. 10598 NW SOUTH RIVER DR MEDLEY, FL 33178

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000889755 04/22/08-80068-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AIBEL, HAROLD 10598 NW S RIVER DR MEDLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AIBEL, ELEANOR 701 ARVIDA PARKWAY CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AIBEL, JONATHAN E. 10598 NW S. RIVER DR. MEDLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMON, STEVE 1 SE 3RD AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROBINSON, RAY 1501 VENERA AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	Jonathan Aibel 4/2/08 305-883-1921
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>