


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G16819**  
1. Entity Name  
PENALVER & PENALVER, P.A.



Principal Place of Business      Mailing Address  
% RAFAEL A. PENALVER, JR.  
1101 BRICKELL AVE. #1700  
MIAMI, FL 33131      % RAFAEL A. PENALVER, JR.  
1101 BRICKELL AVE. #1700  
MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**



04072005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2241183**      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
PENALVER, RAFAEL A., JR.  
1101 BRICKELL AVE. #1700  
MIAMI, FL 33131

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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	PD
NAME	PENALVER, RAFAEL A JR.
STREET ADDRESS	1101 BRICKELL AVE. #1700
CITY - ST - ZIP	MIAMI, FL
TITLE	VD
NAME	PENALVER, AURORA
STREET ADDRESS	1101 BRICKELL AVE. #1700
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/11/05-80075-008 150.00

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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 603, 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: *Aurora Penalver*      V. Preston      4/7/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #