

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90387 016 ***150.00

44029933



DOCUMENT # K94590 1. Entity Name PEM OF BREVARD, INC.					
Principal Place of Business 3350 N RIVERSIDE DR INDIALANTIC, FL 32903 US			Mailing Address 3350 N RIVERSIDE DR INDIALANTIC, FL 32903 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01202004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2952786				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENRIQUEZ, PABLO 3350 NORTH RIVERSIDE DRIVE INDIALANTIC, FL 32903			7. Name and Address of New Registered Agent Name Mary C. Enriquez Street Address (P.O. Box Number is Not Acceptable) 3350 North Riverside Drive City Indialantic FL Zip Code 32903		
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>Mary C Enriquez</u> DATE <u>April 6, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	MD ENRIQUEZ, MARY C 3350 N RIVERSIDE DR INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.S.D Enriquez, Mary C. 3350 N. Riverside Drive Indialantic, Florida 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ENRIQUEZ, PAUL 3628 BLUE FIELD AVENUE MELBOURNE, FL 32934	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.D Enriquez, Paul 3628 Blue Field Avenue Melbourne, Florida 32934	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENRIQUEZ, PABLO 3350 N RIVERSIDE DR INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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>Mary C Enriquez</u>			DATE: <u>April 6, 2004</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # <u>321-773-16582</u>		