2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K94590

1. Entity Name
PEM OF BREVARD, INC.

Principal Place of Business	Mailing Address
3350 N RIVERSIDE DR	3350 N RIVERSIDE DR
INDIALANTIC, FL 32903 US	INDIALANTIC, FL 32903 US

DO NOT WRITE IN THIS SPACE

02112005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2952786	Not Applicable

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

6. Name and Address of Current Registered Agent

ENRIQUEZ, MARY C
3350 NORTH RIVERSIDE DRIVE
INDIALANTIC, FL 32903

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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

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

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	PTSD
NAME	ENRIQUEZ, MARY C
STREET ADDRESS	3350 N RIVERSIDE DR
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	CD
NAME	ENRIQUEZ, PAUL
STREET ADDRESS	3628 BLUE FIELD AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32934

U00000296118
04/09/05-80055-010 150.00

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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 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: _Mary C Enriquez   Director_   _April 5, 2005_ 773-6582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #