
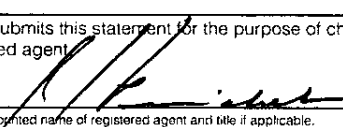
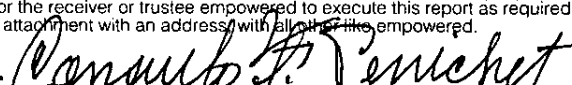


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90014 024 \*\*\*150.00

<b>DOCUMENT # L30455</b> 1. Entity Name <b>PENNEWS INC.</b>					
Principal Place of Business <b>782 NW LEJEUNE RD. STE 538 MIAMI FL 33126 US</b>			Mailing Address <b>600 GRAPETREE DR #9 F S KEY BISCAYNE FL 33149 US</b>		
2. Principal Place of Business <b>600 GRAPETREE DR 9 FS</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. <b>9 FS</b>		Suite, Apt. #, etc.			
City & State <b>KEY BISCAYNE FL.</b>		City & State			
Zip <b>33149</b>		Country <b>USA</b>		Zip	
Country		Country			
6. Name and Address of Current Registered Agent <b>PENICHET, CONSUELO F. 600 GRAPETREE DR., 9 F-S KEY BISCAYNE FL 33149</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <b>02-24-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PENICHET, JOAQUIN F. 600 GRAPETREE DR., 9FS KEY BISCAYNE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT PENICHET, CONSUELO F PENICHET, CONSUELO F. KEY BISCAYNE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PANTIN, CONSUELO M. 7320 LOS PINOS BLVD CORAL GABLES FL 33143		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	
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 officers empowered.					
SIGNATURE: 			02-24-04 305 366-7760		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

34027178



MOORE CR2E034 (11/03)