
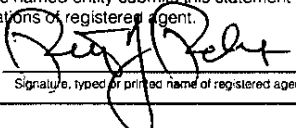
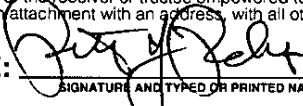


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90456 042 \*\*\*150.00

<b>DOCUMENT # M35138</b>					
1. Entity Name PRENDES AND PRENDES, INC.					
Principal Place of Business % RAMON M. PRENDES 4320 W BROWARD BLVD., #5 PLANTATION, FL 33317 US			Mailing Address % RAMON M. PRENDES 883 NORTH FIG TREE LANE PLANTATION, FL 33317		
2. Principal Place of Business		3. Mailing Address 4320 W. Broward Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 5			
City & State		City & State Plantation, FL		4. FEI Number 59-2699414	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33317		U.S.		04162005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRENDES, RAMON M. 883 NORTH FIG TREE LANE PLANTATION, FL 33317			Name Peter J. Prendes		
			Street Address (P.O. Box Number is Not Acceptable)		
			11874 S.W. 9th Court		
			City Davie		FL Zip Code 33325
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 		Peter J. Prendes, President		4-28-2005	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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	DP <input type="checkbox"/> Delete	TITLE	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRENDES, RAMON M.	NAME	Prendes, Ramon		
STREET ADDRESS	833 NORTH FIG TREE LANE	STREET ADDRESS	1144 N.W. 90th Way		
CITY-ST-ZIP	PLANTATION, FL	CITY-ST-ZIP	Plantation, FL 33322		
TITLE	D <input type="checkbox"/> Delete	TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRENDES, PETER J.	NAME	Prendes, Peter J.		
STREET ADDRESS	883 N. FIG TREE LN	STREET ADDRESS	11874 S.W. 9th Court		
CITY-ST-ZIP	PLANTATION, FL	CITY-ST-ZIP	Davie, FL 33325		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		Peter J. Prendes, President		4-28-2005 954-583-2590	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	

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