2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 08:00 AM Secretary of State

DOCI	IMENT	# M	เรดบอย
1 11 11 11	HVII IVI	++ IV	IJJUUU.

1. Entity Name

P.N.R. MANAGEMENT, CORPORATION



Principal Place of Business

Mailing Address

10000 SW 56TH ST

10000 SW 56TH ST

STE 32 MIAMI, FL 33165 US STE 32 Miami, FL 33165 U



DO NOT WRITE IN THIS SPACE

01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2737266

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTANA, J LUIS 338 MINORCA AVE CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered o	ffice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Registered Age	nt signature	required when reinstating)	DATE
FIL After Ma	E NOWIII FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	9. Etection Campaign Financing Trust Fund Contribution.	, 	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RODRIGUEZ, PEDRO N. 10000 SW 56TH ST #32 MIAMI, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP			•		U00000864672
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	03/22/07-80054-014 158.75 NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trystee 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: _

SIGNATURE AND TYPED OR PRINTED MAN

TED NAME OF BIGNING OFFICER OR DIRECTOR

3/9/07 (305) 595-8220