

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 1994

DOCUMENT # N94000002107 (0)

1. Corporation Name

PEMBROKE ISLES INC.

Principal Place of Business

Mailing Address

700 N.W. 107 AVE.
MIAMI FL 33172

700 N.W. 107 AVE.
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/27/1994

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 8190 State Road 84

25 8190 State Road 84

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

23 Davie, FL

28 City & State

28 Davie, FL

24 Zip

Country

24 33324

25 USA

29 Zip

Country

29 33324

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSKY, MORRIS J
700 N.W. 107 AVE.
MIAMI FL 33172

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	LLANO, FRANK
STREET ADDRESS	8320 N.W. 27 ST.
CITY ST ZIP	SUNRISE FL 33321
TITLE	DST
NAME	BLANTON, ROBERT
STREET ADDRESS	8320 N.W. 27 ST.
CITY ST ZIP	SUNRISE FL 33321
TITLE	DV
NAME	WOODREY, SCOTT
STREET ADDRESS	8320 N.W. 27 ST.
CITY ST ZIP	SUNRISE FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	DP	☒ Change ☐ Addition
12 NAME	Anthony Seijas	
13 STREET ADDRESS	8190 State Road 84	
14 CITY ST ZIP	Davie, FL 33324	
21 TITLE	DST	☒ Change ☐ Addition
22 NAME	Betty Register	
23 STREET ADDRESS	8190 State Road 84	
24 CITY ST ZIP	Davie, FL 33324	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Initial Filing #