

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

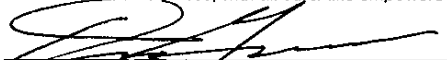
FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90083 040 ***150.00

DOCUMENT # P00000018253					
1. Entity Name PEMBROKE FEET, INC.					
Principal Place of Business 11960 PINES BLVD HOLLYWOOD FL 33026			Mailing Address 67 MILLBROOK STREET WORCESTER MA 01606		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0984702	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
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	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEVILLE, SHAWN		NAME		
STREET ADDRESS	90 MCKEE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ 07430		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARAHAH, TIMOTHY		NAME		
STREET ADDRESS	67 MILLBROOK STREET		STREET ADDRESS		
CITY-ST-ZIP	WORCESTER MA 01606		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDS, MAUREEN		NAME	PRESIDENT / Maureen Richards	
STREET ADDRESS	933 MACARTHUR BOULEVARD		STREET ADDRESS	933 MACARTHUR BLVD., MAHWAH, NJ 07430	
CITY-ST-ZIP	MAHWAH NJ 07430		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHILLING, ROBERT K		NAME		
STREET ADDRESS	933 MACARTHUR BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ 07430		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZANNA, VINCENT		NAME		
STREET ADDRESS	1 CROSFIELD AVE		STREET ADDRESS		
CITY-ST-ZIP	WEST NYACK NY 10994		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHUBACK, MARC G		NAME		
STREET ADDRESS	933 MACARTHUR BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ 07430		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:



TIMOTHY GARAHAH

FEB - 1 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #