2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State

	7		•						•		
DOCUMENT # P0000067307 1. Entity Name PEMBROOK ENTERPRISES, INC.							04-22-2004 90028 033 ***150.00				
Principal Place of Business Mailing Address									9405	9618	
745 OAKLAND HILLS CT LAKE MARY, FL 32746 Waining Address Vialing Address LAKE MARY, FL 32746									9 79 9	3010	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				0413200	4 Chg-P	CR2E0	34 (10/03)	
City & State		C	City & State			4. FEI N 59-1		nber 658149			ptied For
Zip	Zip Country		Р	Count		5. C		ite of Status Desired		\$8.75 Add	
****	6. Name and Address of Curre	nt Registe	ered Agent				7. Name a	nd Address of Nev	v Registered /	gent	
					Name						
CHOI, JOSEPH 745 OAKLAND HILLS CIR #203 LAKE MARY, FL 32746					Street Address (P.O. Box Number is Not Acceptable)						
					City C	DALA	melo		FL	Zip Cod	©19
8. The above	named entity submits this statement	for the pu	rpose of changing its r	eaistere				both, in the State of	Florida. Lam	amiliar with	and accept
	ions of registered agent.		,	- 3							
SIGNATURE_	"Und								4/19/0	4	
Oldini i Olizz	Signature, typed or printed name of registered ag	ent and title if	applicable. (NOTE:	Registered	d Agent signatu	ire required	when reinstating)		DATE		
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	0.00	9. Election Campaig Trust Fund Contri		icing		00 May Be ed to Fees				
10.	OFFICERS AN	ID DIREC	TORS	11.			ADDITION	IS/CHANGES TO C	OFFICERS AND	DIRECTOR	S IN 11
TITLE	DP		Delete	TITLE		(4	101, Jos	ieo h		Change	Addition
NAME Street Address					ET ADDRESS		83 Valerian Blvd				
CITY-ST-ZIP					-ST-ZiP			FL, 32819			
TITLE	DS		☐ Delete	TITLE						™ Change	Addition
NAME	CHOI, YOUNG			NAM	E	CHO	1 , You	ng			
STREET ADDRESS	<u> </u>				ET ADDRESS		6183 Valerran Blvd Orlando. FL, 32819				
CITY+ST-ZIP	LAKE MARY, FL 32746			-	-ST-ZIP	ON	ando. f	1,32819			
TITLE NAME			Delete	NAMI						Change	Addition A
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				CITY	∙ST-ZIP						
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CITY-ST-ZIP				-	-ST-ZIP					-	
TITLE			☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS				NAM	E Et address						
CITY-ST-ZIP					-ST-ZIP						
12. hereby	certify that the information supplied vertify that the information supplied vertical reports or supplemental reports on this report or supplemental reports or supplemental re	vith this fili	ng does not qualify for	the exe	mption stat	led in Se	ction 119.07	3)(i), Florida Statute	es. I further cer	tify that the i	nformation
indicated	on this report of supplemental repor	r is intre ar	ro accurate and that m	IV SIGNA	uure shall h:	ave the :	same lenal el	iect as il made tind	er nam inat la	ur an officer	or arrector

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that he 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:

SIGNATURE AND TYPED OR PRETED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 407-9/3-3132

Daytime Phone #