2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000108017

1. Entity Name
PEDRIN OF MIAMI REALTY INC.

Principal Place of Business	Mailing Address
383 W. 34TH STREET HIALEAH, FL 33012	383 W. 34TH STREET HIALEAH, FL 33012

02102005   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** FEI Number 65-1068185	Applied For Not Applicable
City & State	City & State	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country	Zip / Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALBUENA, PEDRIN A 383 W. 34TH STREET HIALEAH, FL 33012	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS   **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VALBUENA, PEDRIN A		NAME		
STREET ADDRESS	5378 S.W. 134TH		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE	100047509891	☐ Change ☐ Addition
NAME			NAME	03/01/05--01056--002 **150.00	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ 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: _____   FEB 16-05   (305) 200 1126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

PEDRIN A VALBUENA