

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR 28 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04052005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000113477																											
1. Entity Name PED HOLDINGS, INC.																											
Principal Place of Business 8966 SW 87 COURT #24 MIAMI, FL 33156		Mailing Address 8966 SW 87 COURT #24 MIAMI, FL 33156																									
2. Principal Place of Business 8950 N. KENDALL DRIVE Suite, Apt. #, etc. Suite 403 City & State Miami, FL Zip 33176 Country USA		3. Mailing Address PO BOX 56-5027 Suite, Apt. #, etc. City & State MIAMI, FL Zip 33256 Country USA																									
4. FEI Number 65-1068189		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 DELGADO, PABLO E 8966 SW 87 COURT #24 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Delgado, Pablo E. Street Address (P.O. Box Number is Not Acceptable) 8950 N. Kendall Dr. #403 City Miami FL Zip Code 33176																									
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: DATE: 4-5-05 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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																									
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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:		Date: 4-5-05 (305) 595-2855																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #																									