2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000044108

PENSAMAG. CORPORATION



FILED Sep 05, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

550 BILTMORE WAY #740

550 BILTMORE WAY

#740 MIAMI, FL 33134

MIAMI, FL 33134



DO NOT WRITE IN THIS SPACE

07122006 No Chg-P CR2E034 (11/05)

4. FEI Number 71-0904234 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CEBALLOS, HAYDEE CPA 354 SEVILLA AVENUE CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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 tote if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWIII FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Finance Trust Fund Contribution.		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE PENALOZA, CARMEN A 1110 BRICKELL AVENUE SEVENTH FLOOR MIAMI, FL 33131					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SANCHEZ-BUENO, JOSE G 1110 BRICKELL AVENUE SEVENTH FLOOR MIAMI, FL 33131			######################################		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TIYLE NAME						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS CITY-ST-ZIP

> enotos a BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #