


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90216 026 ***150.00

DOCUMENT # P01000047913			
1. Entity Name PEDRO REALTY INTERNATIONAL, INC.			
Principal Place of Business 419 W 49ST #105 HIALEAH, FL 33012 US		Mailing Address 5031 SW 151 TERR 1 MIRAMAR, FL 33027 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>419 W-49ST #105</i>	
Suite, Apt #, etc		Suite, Apt #, etc. <i>Hialeah, FL</i>	
City & State		City & State	
Zip	Country	Zip	Country
		<i>33012</i>	<i>U.S.</i>



03192007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1111062		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MENDEZ, LIZA E 5031 SW 151 TERRACE MIRAMAR, FL 33027		7. Name and Address of New Registered Agent Name <i>MENDEZ LIZA E</i> Street Address (P.O. Box Number is Not Acceptable) <i>419 WEST 49TH ST. # 105</i> City <i>HIALEAH</i> FL Zip Code <i>33012</i>	
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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]* (NOTE: Registered Agent signature required when reinstating)

DATE *4/25/07*

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	P MENDEZ, LIZA E 5031 SW 151 TERR MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: *[Signature]* DATE: *4/25/07* DAYTIME PHONE #: *205-558-7676*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR