

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000078341

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** SENOR STEREO-PEMBROKE PINES, INC.

**Current Principal Place of Business:**

9015 WEST PINES BLVD.  
UNIT 2  
PEMBROKE PINES, FL 330246440

**New Principal Place of Business:**

9019 WEST PINES BLVD.  
PEMBROKE PINES, FL 330246440

**Current Mailing Address:**

9015 WEST PINES BLVD.  
UNIT 2  
PEMBROKE PINES, FL 330246440

**New Mailing Address:**

9019 WEST PINES BLVD.  
PEMBROKE PINES, FL 330246440

**FEI Number:** 65-1130059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEON, FELIPE  
9015 WEST PINES BLVD.  
UNIT 2  
PEMBROKE PINES, FL 330246440 US

**Name and Address of New Registered Agent:**

LEON, FELIPE  
9015 WEST PINES BLVD.  
PEMBROKE PINES, FL 330246440 US

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.

SIGNATURE:

05/03/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEON, FELIPE  
Address: 9019 WEST PINES BLVD.  
City-St-Zip: PEMBROKE PINES, FL 330246440

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FELIPE LEON

PD

05/03/2010

Electronic Signature of Signing Officer or Director

Date