

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081200

FILED
Jul 05, 2006
Secretary of State

Entity Name: PENHA'S ALTERATIONS CORP.

Current Principal Place of Business:

1440 NE 42 COURT
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

1440 NE 42 COURT
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 65-1149754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVES, JUVENAL
1440 NE 42ND COURT
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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: _____

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: D () Delete
Name: ALVES, MARIA P
Address: 1440 NE 42ND COURT
City-St-Zip: POMPAN0 BEACH, FL 33064

Title: D () Delete
Name: ALVES, JUVENAL
Address: 1440 NE 42ND COURT
City-St-Zip: POMPAN0 BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIA P ALVES

D

07/05/2006

Electronic Signature of Signing Officer or Director

Date