


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90010 014 \*\*\*150.00

<b>DOCUMENT # P01000090536</b>	
1. Entity Name <b>PEQUOD CORP.</b>	

Principal Place of Business <b>10920 BISCAYNE BOULEVARD MIAMI FL 33161</b>	Mailing Address <b>10920 BISCAYNE BOULEVARD MIAMI FL 33161</b>
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2. Principal Place of Business <i>12430 West Dixie Hwy</i>	3. Mailing Address <i>12430 West Dixie Highway</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State <i>NORTH Miami</i>	City & State <i>NORTH Miami</i>
Zip <i>33161</i>	Zip <i>33161</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number <b>65-1141281</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>KENNETH R. DUBOFF, P.A. 10920 BISCAYNE BOULEVARD MIAMI FL 33161</b>	
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7. Name and Address of New Registered Agent	
Name <i>Kenneth R. Duboff</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>12430 West Dixie Highway</i>	
City <i>NORTH Miami</i>	FL Zip Code <i>33161</i>

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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title, if applicable.</small>	DATE <i>3/11/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P DUBOFF, KENNETH R 10920 BISCAYNE BOULEVARD MIAMI FL 33161</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>3/11/06</i> <small>Date</small>	DAYTIME PHONE # <i>305 899 0285</i> <small>Daytime Phone #</small>
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