

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105897

**FILED**  
**Jan 24, 2005**  
**Secretary of State**

**Entity Name:** SYLVIA PENNA & ASSOCIATES, INC.

**Current Principal Place of Business:**

2064 N.UNIVERSITY DR  
PEMBROKE PINES, FL 33326

**New Principal Place of Business:**

2064 N.UNIVERSITY DR  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

1991 WATER RIDGE DR  
WESTON, FL 33326

**New Mailing Address:**

1317 ST. TROPEZ CICLE  
APT 1303  
WESTON, FL 33326

**FEI Number:** 65-1149587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PENNA, SYLVIA  
1991 WATER RIDGE DR  
WESTON, FL 33326 US

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

PENNA, SYLVIA  
2064 N. UNIVERSITY DR  
PEMBROKE PINES, FL 33024 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: \_\_\_\_\_

01/24/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PENNA, SYLVIA  
Address: 1991 WATER RIDGE DR  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PENNA, SYLVIA  
Address: 2064 N.UNIVERSITY DR  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SILVIA L. PENNA

PD

01/24/2005

Electronic Signature of Signing Officer or Director

Date