

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000072366 1. Entity Name PENELOPE & FAMILY, INC.						05 MAR 26 PM 4:17 TALLAHASSEE, FLORIDA	
Principal Place of Business 6854 W FLAGLER ST MIAMI, FL 33144				Mailing Address 6854 W FLAGLER ST MIAMI, FL 33144			
2. Principal Place of Business 2300 Coral Way Suite, Apt. #, etc. Suite # 200 City & State Miami, Florida Zip 33145				3. Mailing Address 2300 Coral Way Suite, Apt. #, etc. Suite # 200 City & State Miami, Florida Zip 33145			
Country US				Country US			
4. FEI Number 73-1650313				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 SOTO, WENDY 6854 W FLAGLER ST MIAMI, FL 33144				7. Name and Address of New Registered Agent Name FLORIDA ANNUAL REPORT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2300 Coral Way, Suite # 200 City Miami			
State FL				Zip Code 33145			
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: AMADA CANTERA LOPEZ, President <small>(NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD <input type="checkbox"/> Delete NAME LEDESMA, MANUEL STREET ADDRESS 6854 W FLAGLER ST CITY-ST-ZIP MIAMI, FL 33144				<input type="checkbox"/> Change <input type="checkbox"/> Addition 600031523566 03/30/04--01070--020 **150.00			
TITLE VSD <input type="checkbox"/> Delete NAME PENA, SANTA STREET ADDRESS 6854 W FLAGLER ST CITY-ST-ZIP MIAMI, FL 33144				<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			
12. I hereby certify that the information supplied with this filing does not qualify 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 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:				Date 3/15/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MANUEL LEDESMA, President				Daytime Phone #			