


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90402 009 \*\*\*150.00

<b>DOCUMENT # P02000088542</b>	
<b>1. Entity Name</b> PENTA TRADING CORPORATION	

<b>Principal Place of Business</b> 2090 MONTECITO AVENUE DELTONA FL 32738	<b>Mailing Address</b> 2090 MONTECITO AVENUE DELTONA FL 32738
---	---

<b>2. Principal Place of Business</b> 2090 Montecito Ave.	<b>3. Mailing Address</b> 2090 Montecito Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Deltona, FL	City & State Deltona, FL
Zip 32738	Country USA



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 59-3379975	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> NIEVES, ANA R 1218 LA MESA AVENUE WINTER SPRINGS FL 32738	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> PRES	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> LASSALLY, GUILLERMO		<b>NAME</b>	
<b>STREET ADDRESS</b> 2090 MONTECITO AVENUE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> DELTONA FL 32738		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VP	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> LASSALLY, BEATRIZ		<b>NAME</b>	
<b>STREET ADDRESS</b> 2090 MONTECITO AVENUE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> DELTONA FL 32738		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
Date: 4-30-04 Daytime Phone #