

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-03-2004 90402 009 ***150.00

DOCUMENT # P02000088542 1. Entity Name PENTA TRADING CORPORATION	
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Principal Place of Business 2090 MONTECITO AVENUE DELTONA FL 32738	Mailing Address 2090 MONTECITO AVENUE DELTONA FL 32738
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2. Principal Place of Business <i>2090 Montecito Ave.</i>	3. Mailing Address <i>2090 Montecito Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Deltona, FL</i>	City & State <i>Deltona, FL</i>
Zip <i>32738</i>	Zip <i>32738</i>
Country <i>USA</i>	Country <i>USA</i>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent NIEVES, ANA R 1218 LA MESA AVENUE WINTER SPRINGS FL 32738	
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4. FEI Number 59-3379975	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent	
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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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

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