


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90107 046 ***150.00

DOCUMENT # P02000121462					
1. Entity Name PEDREIRAS, INC					
Principal Place of Business 600 BRICKELL AVE SUITE 301-E MIAMI, FL 33131			Mailing Address 600 BRICKELL AVE SUITE 301-E MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 3300 NW 79 AVE			3. Mailing Address SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State DORAL FL			City & State		
Zip 33122		Country		Zip	
Country		Country		4. FEI Number 13-4220477	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BENEDETI, ROGER SUITE 301-E MIAMI, FL 33131				Name	
3300 NW 79 Ave DORAL, FL 33122				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
FL				FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	NAME BENEDETI, ROGER		TITLE PD	NAME ROGER BENEDETI	
STREET ADDRESS 600 BRICKELL AVE SUITE 310-E	CITY-ST-ZIP MIAMI, FL 33131		STREET ADDRESS 3300 NW 79 Ave.	CITY-ST-ZIP DORAL FL, 33122	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME			TITLE NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME			TITLE NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME			TITLE NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<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 Chapter 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: _____		02/01/07		(305) 463 9091	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	