

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P03000058241

1. Entity Name  
PENTACOST INVESTMENTS, INC.



Principal Place of Business  
2365 NW 182 TERR  
MIAMI, FL 33056

Mailing Address  
2365 NW 182 TERR  
MIAMI, FL 33056



04282007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3751987 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN, WARRICK  
2365 NW 182 TERR  
MIAMI, FL 33056

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000750748  
05/18/07-80077-004 300.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NORMAN, WARRICK
STREET ADDRESS	2365 NW 182 TERR
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	VD
NAME	NORMAN, HELEN
STREET ADDRESS	2365 NW 182 TERR
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	SD
NAME	NORMAN, RUSSELL
STREET ADDRESS	2365 NW 182 TERR
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2007

Date

786-3266619

Daytime Phone