

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
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**

DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000937670
05/27/08-80059-018 300.00

**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: Warrick Norman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARRICK NORMAN

Date

Daytime Phone #

04/30/2008 786-326-6619