

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000074287

1. Entity Name
BABES PEN ARTS, INC.



Principal Place of Business
6389 NW 78TH PLACE
PARKLAND, FL 33067

Mailing Address

6389 NW 78TH PLACE
PARKLAND, FL 33067

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

PENEYRA, HENRIETTA S M
6389 NW 78TH PLACE
PARKLAND, FL 33067

Name

Street Address (P.O. Box Number is Not Acceptable)

City

\$8.75 Additional
Fee Required

| |
|---|
| <input checked="" type="checkbox"/> Applied For |
| <input type="checkbox"/> Not Applicable |

07152004 Chg-P CR2E034 (10/03)

66431446



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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|--|-----------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

H. S. Peneyra
SIGNATURE: HENRIETTA S M PENEYRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 655-0197
Daytime Phone #