

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90036 032 \*\*\*150.00

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**DOCUMENT # P03000094955**  
 1. Entity Name  
 PENTA DEVELOPERS, INC.



Principal Place of Business: 201 S. BISCAYNE BLVD. 34TH FLOOR MIAMI, FL 33131 US  
 Mailing Address: 201 S. BISCAYNE BLVD. 34TH FLOOR MIAMI, FL 33131 US

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: 4850 SW 72 Avenue  
 Suite, Apt. #, etc.

City & State: Miami Fla  
 Zip: 33155 Country: USA

03102005 Chg-P CR2E034 (10/03)  
 4. FEI Number: 20-0301194 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CERVANTES, MARIA E  
 4850 S.W. 72 AVENUE  
 MIAMI, FL 33155

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, 2005 Fee will be \$550.00**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	DIR PENA, HORACIO 4850 S.W. 72 AVENUE MIAMI, FL 33155 <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.  
**SIGNATURE:** *Marcelo Cervantes* **3-10-05 3056611569**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #