

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90044 035 ***150.00

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1. Entity Name
PENTA DEVELOPERS, INC.



Principal Place of Business
201 S. BISCAYNE BLVD.
SUITE 1600 (LAD)
MIAMI, FL 33131 US

Mailing Address
201 S. BISCAYNE BLVD.
SUITE 1600 (LAD)
MIAMI, FL 33131 US

40010840



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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**

10. OFFICERS AND DIRECTORS

TITLE	DIR / PRESIDENT
NAME	PENA, HORACIO
STREET ADDRESS	4050 S.W. 72 AVENUE 201 S. BISCAYNE
CITY- ST- ZIP	MIAMI, FL 33155 BLVD. SUITE 1600
TITLE	
NAME	
STREET ADDRESS	(LAD)
CITY- ST- ZIP	MIAMI, FL 33131
TITLE	VICE PRESIDENT
NAME	HEINRICH OBERMOLLER
STREET ADDRESS	201 S. BISCAYNE BLVD.
CITY- ST- ZIP	
TITLE	
NAME	SUITE 1600 (LAD)
STREET ADDRESS	MIAMI FL 33131
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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

HEINRICH OBERMOLLER

Date

1/18/07

Daytime Phone #