2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000060388

1. Entity Name
PENA INVESTORS, INC.

Principal Place of Business	Mailing Address
2845 NE 3RD STREET APT 215 OCALA, FL 34470	2845 NE 3RD STREET APT 215 OCALA, FL 34470

05312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0979873
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEÑA, RICARDO E
2845 NE 3RD STREET
APT 215
OCALA, FL 34470

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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.

000009527S3
06/05/08-80001-015 150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstated.

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

TITLE	P
NAME	PEÑA GARCIA FLORES, MARIA
STREET ADDRESS	6779 DUVAL AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	VP
NAME	PEÑA, RICARDO E
STREET ADDRESS	2845 NE 3RD STREET APT 215
CITY-ST-ZIP	OCALA, FL 34470
TITLE	T
NAME	GESTO, CARMEN
STREET ADDRESS	1421 SUSSEX DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 5-31-08 352-620-8049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #