## 2005 FOR PROFIT CORPORATION

## May 02, 2005 8:00 am Secretary of State **ANNUAL REPORT** 05-02-2005 90390 010 \*\*\*150.00 DOCUMENT # P04000061296 1. Entity Name PENARD, INC. 14012599 Principal Place of Business Mailing Address 19901 HIGHLAND LKS BLVD 19901 HIGHLAND LKS BLVD N MIAMI BEACH, FL 33179-2829 N MIAMI BEACH, FL 33179-2829 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-1038311 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IANNACCONE, JAMES T 800 E BROWARD BLVD Street Address (P.O. Box Number is Not Acceptable) **STE 510** FT LAUDERDALE, FL 33301 : Zip Code City 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT ☐ Delete TITLE TITLE ☐ Change Addition NAME PAUL ITZKOVID NAME 9901 HICHLAND LAS BUS. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MINNI BON FL 33179 Delete Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP

12. I hereby certify that the information supplied with the fring 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 true energy fixed to yill drive 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 attackment with an address / in the little of the property of the corporation of the corporation or the receiver or true energy fixed to the corporation of the corpora

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Daytime Phone #

indicated on this report or supplemental report is true of the corporation or the receiver or true ee emporate changed, or on an attachment with an address with

SIGNATURE:

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