
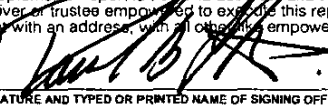


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90101 006 ***150.00

DOCUMENT # P04000061296 1. Entity Name PENARD, INC.					
Principal Place of Business 19901 HIGHLAND LKS BLVD N MIAMI BEACH, FL 33179-2829			Mailing Address 19901 HIGHLAND LKS BLVD N MIAMI BEACH, FL 33179-2829		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			02182006 Chg-P CR2E034 (11/05)		
			4. FEI Number 20-1038311		Applied For Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent IANNACONE, JAMES T 800 E BROWARD BLVD STE 510 FT LAUDERDALE, FL 33301				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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P ITZKOVITS, PAUL 19901 HIGHLAND LAKES BLVD NORTH MIAMI BEACH, FL 33179		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, 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 duly empowered.					
SIGNATURE: 			3/9/06 305 935-0119		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

40056321
#P040000612916

SIEGELAUB & ASSOCIATES, P.A.
Certified Public Accountants
2801 N. UNIVERSITY DRIVE, SUITE 301
CORAL SPRINGS, FLORIDA 33065
954-753-2222
FAX 954-753-1123

URGENT – YOUR IMMEDIATE ATTENTION IS REQUIRED!

Dear Client:

The enclosed Corporation Annual Report needs to be submitted to renew your corporation with the State of Florida.

PLEASE REVIEW THE FORM FOR ACCURACY AND MAKE ANY NECESSARY CHANGES. IF YOU HAVE CLOSED YOUR CORPORATION OR WISH TO DO SO, PLEASE DO NOT FILE THIS FORM. IF YOU HAVE ALREADY FILED, PLEASE DISREGARD THIS NOTICE.

Please make any changes, sign the report where indicated (signature is required on the bottom of the form in box #12 and also in box #8 if the registered agent information has changed) and make a check payable to the Florida Department of State for \$150.00 (for Limited Liability Companies, the renewal fee is \$50.00) and mail to:

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

We will be happy to answer any questions you may have regarding this Annual Report filing, but please remember that it is your responsibility to make sure that this form is filed with the State of Florida by the May 1st due date. Please make sure that this is accomplished to avoid reinstatement fees which are costly.

Please contact our office with any questions or concerns regarding this or any other matter.

Sincerely,

Sieglau & Associates, P.A.

Siegelaub & Associates, P.A.