2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90168 047 ***150.00

DOCUMENT # P05000025022

1. Entity Name
PEDRO D. SANCHEZ INC.

Principal Place of Business	Mailing Address
1680 MICHIGAN AVENUE SUITE 700 MIAMI BEACH, FL 33139	1680 MICHIGAN AVENUE SUITE 700 MIAMI BEACH, FL 33139

03312006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1855 W 60 ST # 443	1855 W 60 ST # 443
Suite, Apt. #, etc.: # 443	Suite, Apt. #, etc.: Hialeah - Fl.
City & State: Hialeah - Fl	City & State:
Zip: Fla 33012 Country: USA	Zip: Fla 33012 Country: USA

4. FEI Number: 90-2340139 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STELLA, GUSTAVO
1508 BAY RD SUITE 1237
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name: Monica Sanchez
Street Address (P.O. Box Number is Not Acceptable): 1855 W 60 ST # 443
City: Hialeah FL Zip Code: 33012

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: Monica [signature] DATE: 04-28-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	D SANCHEZ, PEDRO D 1680 MICHIGAN AVENUE SUITE 700 MIAMI BEACH, FL 33139	☐ Delete	V.P Pedro Sanchez 1855 W 60 ST # 443 Hialeah. Fl 33012	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANCHEZ, MONICA 1680 MICHIGAN AVENUE SUITE 700 MIAMI BEACH, FL 33139	☐ Delete	P. Monica Sanchez 1855 W 60 ST # 443 Hialeah - Fl 33012	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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 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: Monica [signature] 04-28-06 (305)469-7269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #