

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90043 018 ***163.75

DOCUMENT # P05000046882

1. Entity Name
PEMBROKE FALLS PROPERTIES CORP



Principal Place of Business
**2250 NORTH WEST 136 AVENUE
STE 100
PEMBROKE PINES, FL 33028**

Mailing Address
**2250 NORTH WEST 136 AVENUE
STE 100
PEMBROKE PINES, FL 33028**

2. Principal Place of Business
2250 NW 136 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-2626689

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**RIZZO, DOMENIC R
2250 NORTH WEST 136 AVENUE
STE 100
PEMBROKE PINES, FL 33028**

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

Signature, typed or printed name of registered agent and title applicable.

(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.

☒ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
RIZZO, DOMENIC
2250 NORTH WEST 136 AVE, STE 100
PEMBROKE PINES, FL 33028** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RIZZO, MARC D
2250 NORTH WEST 136 AVE, STE 100
PEMBROKE PINES, FL 33028** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Domenic R. Rizzo