2007 FOR PROFIT CORPORATION

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Jun 07, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P05000075512 06-07-2007 90003 038 ***150.00 PENJAD CORPORATION Principal Place of Business Mailing Address 8980 SUNSET STRIP 8980 SUNSET STRIP SUNRISE, FL 33322 SUNRISE, FL 33322 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05242007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-3001984 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PENA, SYLVIA Street Address (P.O. Box Number is Not Acceptable) 8980 SUNSET STRIP SUNRISE, FL 33322 City 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 if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE ☐ Change ■ Addition PENA, SYLVIA NAME NAME STREET ADDRESS 8980 SUNSET STRIP STREET ADDRESS SUNRISE, FL 33322 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition 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-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-2IP iffLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #



ATTACHMENT

40120063

Florida Department of State, Division of Corporations

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Florida Profit

PENJAD CORPORATION

PRINCIPAL ADDRESS 8980 SUNSET STRIP SUNRISE FL 33322

MAILING ADDRESS 8980 SUNSET STRIP SUNRISE FL 33322

Document Number P05000075512 FEI Number 203001984

Date Filed 05/24/2005

State FL Status ACTIVE Effective Date NONE

Registered Agent

Name & Address

PENA, SYLVIA 8980 SUNSET STRIP SUNRISE FL 33322

Officer/Director Detail

Name & Address	Title
PENA, SYLVIA 8980 SUNSET STRIP	D
SUNRISE FL 33322	

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Corporations Inquiry

Corporations Help