

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90044 033 \*\*\*150.00

**DOCUMENT # P05000090212**

1. Entity Name  
**PENTA DEVELOPERS II, INC.**



Principal Place of Business

**201 S. BISCAYNE BLVD  
SUITE 1500 (LAD)  
MIAMI, FL 33131**

Mailing Address

**201 S. BISCAYNE BLVD  
SUITE 1500 (LAD)  
MIAMI, FL 33131**

4001001~



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3820391**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD  
SUITE 1500 (LAD)  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	NOVOA, HORACIO P
STREET ADDRESS	201 S BISCAYNE BLVD., STE 1500
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	GAZMURI, FERNAN
STREET ADDRESS	201 S. BISCAYNE BLVD.,STE 1500
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	STAMBUK, JERKO
STREET ADDRESS	201 S BISCAYNE BLVD.,S TE 1500
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	LIDDLE, SUSAN
STREET ADDRESS	201 S BISCAYNE BLVD., STE 1500
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	SOUBLETTE, FRANCISCO
STREET ADDRESS	201 S. BISCAYNE BLVD., STE 1500
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	HEINRICH OBERMOLLER
STREET ADDRESS	201 S. BISCAYNE BLVD, STE 1500
CITY-ST-ZIP	MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 persons empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HEINRICH OBERMOLLER**

DATE

**1/18/07**

Daytime Phone # \_\_\_\_\_