
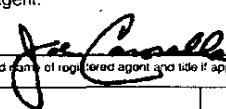



<b>DOCUMENT # P05000102254</b>			
<b>1. Entity Name</b> PEMBROKE SQUARE DEVELOPERS, INC.			
<b>Principal Place of Business</b> 101 PLAZA REAL S., STE. 200, ROYAL PALM PLACE BOCA RATON, FL 33432		<b>Mailing Address</b> 101 PLAZA REAL S., STE. 200, ROYAL PALM PLACE BOCA RATON, FL 33432	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		101 PLAZA REAL SOUTH Suite, Apt. #, etc.	
City & State		SUITE 200 City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
CAROSELLA, JOE 101 PLAZA REAL S., STE. 200, ROYAL PALM PLACE BOCA RATON, FL 33432			<b>Name</b>
			<b>Street Address</b>
			<b>City</b>
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
<b>SIGNATURE</b>  (NOTE: Registered Agent signature required)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5</b> Admission <input type="checkbox"/> <b>\$5</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>DVS</b> <input type="checkbox"/> Delete	<b>TITLE</b>	
<b>NAME</b>	CAROSELLA, JOE	<b>NAME</b>	
<b>STREET ADDRESS</b>	101 PLAZA REAL S., STE. 200, ROYAL PALM PL	<b>STREET ADDRESS</b>	101
<b>CITY - ST - ZIP</b>	BOCA RATON, FL 33432	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>DV</b> <input type="checkbox"/> Delete	<b>TITLE</b>	
<b>NAME</b>	CAROSELLA, LOUIS	<b>NAME</b>	
<b>STREET ADDRESS</b>	101 PLAZA REAL S., STE. 200, ROYAL PALM PL	<b>STREET ADDRESS</b>	101
<b>CITY - ST - ZIP</b>	BOCA RATON, FL 33432	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 60, F.S., which require the filing of a supplemental report if the information contained in the report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60, F.S., changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> 		<b>Joe C</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			