

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90034 046 \*\*\*150.00



**DOCUMENT # P06000061338**  
1. Entity Name  
**PEDRO B. MENA, INC.**

Principal Place of Business <b>1050 W. COPPER MIST COURT HERNANDO FL 34442-6196</b>	Mailing Address <b>1050 W. COPPER MIST COURT HERNANDO FL 34442-6196</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE      CR2E034 (10/06)

City & State	City & State	4. FEI Number <b>87-0769680</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>MENA, PEDRO B 1050 W. COPPER MIST COURT HERNANDO FL 34442-6196</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"> <b>P</b> <b>MENA, PEDRO B</b> <b>1050 W. COPPER MIST COURT</b> <b>HERNANDO FL 34442-6196</b> </td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> </table>	<b>P</b> <b>MENA, PEDRO B</b> <b>1050 W. COPPER MIST COURT</b> <b>HERNANDO FL 34442-6196</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Pedro B. Mena* **PEDRO B. MENA**      Date: 03/19/07      Telephone: 352-746-6597  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR