

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-05-2007 90060 019 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000065749			
1. Entity Name PC CORDOBA ENTERPRISES, INC.			
Principal Place of Business 36739 OLD SWANNEE RD. DADE CITY, FL 33525		Mailing Address 36739 OLD SWANNEE RD. DADE CITY, FL 33525	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CORDOBA, PEDRO 36739 OLD SWANNEE RD. DADE CITY, FL 33525		7. Name and Address of New Registered Agent Name: <u>Pedro Cordova Jr.</u> Street Address (P.O. Box Number is Not Acceptable): <u>36739 OLD SWANNEE RD.</u> City: <u>Dade City</u> FL Zip Code: <u>33525</u>	
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: <u>Pedro Cordova Jr.</u>		DATE: <u>7/3/2007</u>	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust: Fund Contribution: ☐ \$5.00 May Be Added to Fees In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD CORDOBA, PEDRO 36739 OLD SWANNEE RD. DADE CITY, FL 33525	TITLE NAME STREET ADDRESS CITY ST ZIP	PD Pedro Cordova Jr. 36739 OLD SWANNEE RD. Dade City, FL 33525
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VD CORDOBA, CONCEPCION 36739 OLD SWANNEE RD. DADE CITY, FL 33525	TITLE NAME STREET ADDRESS CITY ST ZIP	VD Concepcion Cordova 36739 OLD SWANNEE RD. Dade City, FL 33525
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	TD AVILA, JIM R 36739 OLD SWANNEE RD. DADE CITY, FL 33525	TITLE NAME STREET ADDRESS CITY ST ZIP	
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	SD AVILA, ROBIN M 36739 OLD SWANNEE RD. DADE CITY, FL 33525	TITLE NAME STREET ADDRESS CITY ST ZIP	SD Robin M. Cordova 36739 OLD SWANNEE RD. Dade City, FL 33525
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	
☐ Delete		☐ Change ☐ Addition	
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 recorder 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: <u>Pedro Cordova Jr.</u>		DATE: <u>7/3/2007</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			