


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P07000048609 1. Entity Name PMB 2020 ENTERPRISE CORP.						FILED 08 MAR 19 AM 6:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3852 TREE TOP DRIVE WESTON, FL 33332				Mailing Address 12555 ORANGE DR. STE 243 DAVIE, FL 33330			
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 MATTHEW J. KAHN, PA 12555 ORANGE DR STE 243 DAVIE, FL 33330				7. Name and Address of New Registered Agent Name MARTA CASANO Street Address (P.O. Box Number is Not Acceptable) 3852 TREE TOP DRIVE City WESTON FL Zip Code 33332			
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>Marta Casano</u> <u>Marta Casano G.</u> <u>03/15/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable (Typed Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARMIGIANI, FRANCISCO 12555 ORANGE DR DAVIE, FL 33330 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDGAR MORAO 3852 TREE TOP DRIVE WESTON, FL 33332 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASANO, MARTA 12555 ORANGE DR DAVIE, FL 33330 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, SEC MARTA CASANO 3852 TREE TOP DRIVE WESTON, FL 33332 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Marta Casano <u>Marta Casano</u> <u>03/15/2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #</small>							