2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000129898 1. Entity Name LOS PEDRENSES, CORP.			FILED 08 SEP 19 PH 2: 23		
Principal Place of Business 3175 NW 87 ST. MIAMI, FL 33147	ST. 3175 NW 87 ST.		SECRETAINT OF ATATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business - No P.O. Box # 3 195 NO 30 Struct Suite, Apt. #, etc.	0 30 Street Some		09182008 Chg-P CR2E034 (12/06)		
Gity & State	City & State		4. FELNumber 26-1541	,	pplied For ot Applicable
Zip Country 7USA	Zip	Country	5. Certificate of Status Des	Fee Require	
PRESENTADO, JORGE W 3175 NW 87 ST. MIAMI, FL 33147 Street Address Street Address Street Address Street Address Street Address			7. Name and Address of New Registered Agent WAC W . P. S.		
The above named entity submits this statement for	or the purpose of changing its	City Lia	ered agent, or both, in the State	FL Zip Coo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
the obligations of egista cod agent SIGNATURE Signaturo, 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 Due by September 12, 2008	9. Election Campa Trust Fund Cont		5.00 May Be In accorda corporatio	ance with s. 607.193(2)(b), n did not receive the prior	F.S., the notice.
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTOR	IS IN 11
TITLE PTD	Delete	TITLE VP D	orcas Sten	Unis Change	Addition
STREET ADDRESS 3175 NW 87 ST. CITY-ST-ZIP MIAMI, FL 33147		STREET ADDRESS 36	15 NW 30 Str	ut 3142	
TITLE VPSD	Delete	TITLE	4,90	☐ Change	☐ Addition
NAME PRESENTADO, EDISON D STREET ADDRESS 1765 SW 24 AVE.	,	NAME STREET ADDRESS CITY-ST-ZIP	70013	6517357	
CITY-ST-ZIP MIAMI, FL 33145		TITLE	<u>10/01/09 01</u>	O. 1. O. 1	Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 receiver of trustee empowers 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: 4 Dayline Phone 9 SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone 9					