2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9200009334

1. Entity Name
PEMBROKE PARK WAREHOUSES HOLDING COMPANY



Principal Place of Business

3850 HOLLYWOOD BLVD

SUITE 400 HOLLYWOOD, FL 33021 Mailing Address

3850 HOLLYWOOD BLVD

SUITE 400

HOLLYWOOD, FL 33021

FILED Apr 18, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

4. FEI Number | Applied For | 16-5037362 | Not Applicable

5. Certificate of Status Desired

04122005

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

CORNFELD, ROBERT M 3850 HOLLYWOOD BLVD SUITE 400 HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

No Chg-P

	:				
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 Signature, 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 After May 1, 2005 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution,		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			3
TITLE NAME STREET ADDRESS CITY -ST - ZIP	PSD METZ, MARC 3850 HOLLYWOOD BLVD #400 HOLLYWOOD, FL				U00000311585 04/18/05-80051-016 15 0.00
TITLE NAME STREET ADDRESS CITY ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAML STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY: ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this copyring supplied as it made under not be than 1 arm an officer of director					

12. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that he information indicated on this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

989-2200

Daytime Phone ₱