


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90199 028 \*\*\*150.00

<b>DOCUMENT # P92000009334</b>	
1. Entity Name <b>PEMBROKE PARK WAREHOUSES HOLDING COMPANY</b>	

Principal Place of Business <b>3850 HOLLYWOOD BLVD SUITE 400 HOLLYWOOD, FL 33021</b>	Mailing Address <b>3850 HOLLYWOOD BLVD SUITE 400 HOLLYWOOD, FL 33021</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
04302008	Chg-P CR2E034 (12/06)
4. FEI Number <b>16-5037362</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
<b>CORNFELD, ROBERT M 3850 HOLLYWOOD BLVD SUITE 400 HOLLYWOOD, FL 33021</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PSD <input type="checkbox"/> Delete
NAME	<b>CORNFELD, ROBERT M</b>
STREET ADDRESS	<b>3850 HOLLYWOOD BLVD # 400</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORNFELD, Robert m</b>
STREET ADDRESS	<b>3850 Hollywood Blvd #400</b>
CITY-ST-ZIP	<b>Hollywood, FL 33021</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** \_\_\_\_\_ **Pres** **4/28/08** **(954) 989-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #