


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90198 041 \*\*\*150.00

<b>DOCUMENT # P94000020699</b>	
1. Entity Name <b>PENICHER INTERNATIONAL CORP.</b>	

Principal Place of Business <b>4210 LAGUNA ST. CORAL GABLES, FL 33146</b>	Mailing Address <b>4210 LAGUNA ST. CORAL GABLES, FL 33146</b>
--	--

2. Principal Place of Business <b>8436 NW 66 St.</b>	3. Mailing Address <b>8436 NW 66 St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33166</b>	Country <b>Miami-Dade</b>
Zip <b>33166</b>	Country <b>Miami-Dade</b>

07052005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0482463</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>PENICHER, CLAUDIO F MR. 4210 LAGUNA ST CORAL GABLES, FL 33146</b>	
7. Name and Address of New Registered Agent Name <b>8436 NW 66 St.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8436 NW 66 St.</b> City <b>Miami, FL</b> Zip Code <b>33166</b>	

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 \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PT PENICHER, C F 4210 LAGUNA ST. CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8436 NW 66 St. Miami, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PENICHER, TERESA 4210 LAGUNA ST. CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8436 NW 66 St. Miami, FL 33166</b>
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 exemption stated in Section 119.07(3)(i), 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:** C. Felipe Penichet **7/6/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

VICIANA & SHAFER, P.A.  
CERTIFIED PUBLIC ACCOUNTANTS

ATTACHMENT

20662610

4206 LAGUNA STREET  
CORAL GABLES, FLORIDA 33146  
TELEPHONE: (305) 446-0969  
FAX: (305) 446-1076

July 6, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Penichet International Corp.  
Document #P94000020699

Dear Sir or Madam:

The above-referenced corporation filed its annual report on April 20, 2005. Apparently, the report was not received or was lost by the Department, since the check was never paid by the corporation's bank. A copy of the check is enclosed.

Enclosed please find the 2005 annual report with a new check in the amount of \$150. We respectfully request that the reinstatement fee be waived.

Thank you for your assistance in this matter.

Should you have any questions, please do not hesitate to call.

Cordially,

  
Aida V. Shafer

Enclosures

Jul 05 05 02:21p

850-245-6056

P. 1

ATTACHMENT  
20062610

4/20/2005

DEPARTMENT OF STATE

\*\*150.00

One Hundred Fifty and 00/100\*\*\*\*\*

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Penichet International P94000020699

DEPARTMENT OF STATE			4/20/2005			
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
3/29/2005	Bill		150.00	150.00		150.00
				Check Amount		150.00

COMMERCE BANK - Penichet International P94000020699 150.00

DEPARTMENT OF STATE			4/20/2005			
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
3/29/2005	Bill		150.00	150.00		150.00
				Check Amount		150.00

COMMERCE BANK - Penichet International P94000020699 150.00