### **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P94000090309**

1. Entity Name

PEDRENA DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

8500 SW 8N STREET

# 228 MIAMI, FL 33144 US 8500 SW 8 STREET

#228

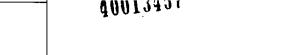
MIAMI, FL 33144



# **FILED** Feb 13, 2006 8:00 am Secretary of State

02-13-2006 90036 020 \*\*\*150.00

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02012006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0539360

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of	Current	Re	gistered	Αç	ent

MARQUEZ, JOSE M 782 NW LEJEUNE ROAD #548 MIAMI EL 33136

## DO NOT WRITE IN THIS SPACE

IVIIAIVII, FL	. 33120			OI AOL
8. The above the obligat	named entity submits this statement for the patients of registered agent.	ourpose of changing its registered office of	r registered agent, or both, in the S	tate of Florida. I am familiar with, and accept
SIGNATURE.				
	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered Agent signal	ture required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	OTORS		
TITLE	DPS			
NAME	HERRAN, MANUEL			
STREET ADDRESS	8460 S.W. 5TH ST.			
CITY-\$1-ZIP	MIAMI, FL			
TITLE	VPT			
NAME	HERRAN, NYRIA			
STREET ADDRESS	8460 SW 5 STREET			
CITY-ST-ZIP	MIAMI, FL			
TITLE		,		
NAME				
STREET ADDRESS			DO NO	TAMBITE
CITY-ST-ZIP			DO NO	T WRITE
ISTLE			IN THIS	SPACE

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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #