



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000090309 1. Entity Name PEDRENA DEVELOPMENT, INC.	
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Principal Place of Business 8500 SW 8N STREET # 228 MIAMI, FL 33144 US	Mailing Address 8500 SW 8 STREET #228 MIAMI, FL 33144 US
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DO NOT WRITE IN THIS SPACE

	
04222008 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0539360	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARQUEZ, JOSE M 782 NW LEJEUNE ROAD #548 MIAMI, FL 33126	DO NOT WRITE IN THIS SPACE
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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 _____

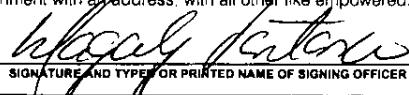
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HERRAN, MANUEL 8460 S.W. 5TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HERRAN, NYRIA 8460 SW 5 STREET MIAMI, FL
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**DO NOT WRITE
IN THIS SPACE**

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05/20/08-80021-018 150.00

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:  **APR 23 2008** (305) 262-6537

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