

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000016781

1. Entity Name
PENT THOM, INC.



Principal Place of Business

**417 E SHERIDAN STREET
STE 129
DANIA BEACH, FL 33004-4603 US**

Mailing Address

**417 E SHERIDAN STREET
STE 129
DANIA BEACH, FL 33004-4603 US**



02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0561925

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEL VALLE, MILLY
%SAGE SOLUTIONS INC.
417 E SHERIDAN STREET # 129
DANIA BEACH, FL 33004-4603**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ECHAVARRIA, JUAN M**
STREET ADDRESS **56 THOMAS ST UNIT 6 PENTHOUSE**
CITY-ST-ZIP **NEW YORK, NY 10013**

TITLE **D**
NAME **ROTHSTEIN, ILANA**
STREET ADDRESS **56 THOMAS ST UNIT 6 PENTHOUSE**
CITY-ST-ZIP **NEW YORK, NY 10013**

TITLE **D**
NAME **DEL VALLE, MILLY**
STREET ADDRESS **417 E SHERIDAN STREET #129**
CITY-ST-ZIP **DANIA BEACH, FL 330044603**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD00000054056
02/16/04-80156-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Milly Del Valle **MILLY DEL VALLE**

2/13/04 954922185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #