

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90004 025 ***150.00

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		
2. Principal Place of Business 3510 Coral Way		3. Mailing Address 3510 Coral Way			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State Miami, Florida		City & State Miami, Florida			
Zip 33145	Country U.S.A.	Zip 33145	Country U.S.A.		
4. FEI Number 65-0561925			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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			7. Name and Address of New Registered Agent Name Dario Restrepo Street Address (P.O. Box Number is Not Acceptable) 3510 Coral Way, Ste. 200 City Miami FL Zip Code 33145		
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 Dario Restrepo, Director <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D ECHAVARRIA, JUAN M 56 THOMAS ST UNIT 6 PENTHOUSE NEW YORK, NY 10013	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHSTEIN, ILANA 56 THOMAS ST UNIT 6 PENTHOUSE NEW YORK, NY 10013	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL VALLE, MILLY 417 E SHERIDAN STREET #129 DANIA BEACH, FL 330044603	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: Dario Restrepo <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			March 17, 2006 (305) 445-9555 <small>Date Daytime Phone #</small>		