2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # P95000016781

1. Entity Name
PENT THOM, INC.

Principal Place of Business	Mailing Address
3510 CORAL WAY SUITE 200 MIAMI, FL 33145 US	3510 CORAL WAY SUITE 200 MIAMI, FL 33145 US

02132008 No Chg-P CR2E034 (11/05)

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

RESTREPO, DARIO
3510 CORAL WAY
SUITE 200
MIAMI, FL 33145

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000862048
04/03/08-80069-005 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	RESTREPO, DARIO
STREET ADDRESS	3510 CORAL WAY, SUITE 200
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 03/17/08 (3050 445-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #