2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P95000081665 1. Entity Name 04-26-2004 91004 025 ***150.00 PENICHET AND ASSOCIATES, INC. Principal Place of Business Mailing Address 13346 SW 61ST TERRACE 13346 SW 61ST TERRACE **MIAMI FL 33183** MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address 16925 S.W. 82 Court 16925 S.W. 82 Court CR2E034 (11/03) City & State 4. FEI Number Applied For illage of Palmetto Ba 65-0617923 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PENICHET, MARTHA E Street Address (P.O. Box Number is Not Acceptable) 13346 SW 61ST TERRACE MIAMI FL 33183 City Zip Code 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. SIGNETURE Signature, typed or grinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when (einstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition martha E. Penichet 16925 S.W. 82 Court PENICHET, MARTHA E NAME NAME 13346 SW 61 TERRACE STREET ADDRESS STREET ADDRESS Village of Palmetto Bay, CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

FILED