2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State

ANNUAL REPURI						Secretary of State				
DOCUMENT # P96000056203							04-28-2005	-		
1. Entity Name MARIO PENALOZA CORPORATION						}				
MARIOP	ENALUZ	A CORPORATION								
Principal Place of Business Mailing Address										
9801 SW 13TH CT.			9801 SW 13TH CT.				14000	0.4 -		
HOLLYWOOD, FL 33025			HOLLYWOOD, FL 33025				14007	318		
2. Principal Place of Business 5786 WEST 26 AVE			3. Mailing Address 5786 WEST 16 AVE						 	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182005	Chg-P	CR2E0	34 (10/03)	
City & State HIDLEAH FL			City & State HIRLEAH FL			4. FEI Numb 65-068			———	plied For t Applicable
Zip 3 301	16	Country	Zip 330/6	Country		5. Certificate	of Status Desired		\$8.75 Add	
6. Name and Address of Current Re			egistered Agent			7. Name and	Address of New	Registered	Agent	
PENALOZA, MARIO					ne		-			
9801-SW-1	13ТН С Т.			Stre	et Address	(P.O. Box Numb	er is Not Acceptat	ole)		
HOLLYWOOD, FL 33025						•••••••••	•••••••••••		****************	
5786 WEST: 26 AVE HIALEAH FL 33016								FL	Zip Cod	
8. The above named entity submits this statement for the purpose of changing its registered of					o or registe	red spent or ho	th in the State of I	-	•]	****
	tions of regist		the purpose of changing its	registered one	c or registe	rea agent, or bo	in, in the orate or	iona, ram	TOTALIST WITH	and accept
SIGNATURE_	Sanatura tunad	or printed name of registered agent a	and this if anniversity. /N/TT	E: Registered Agent s	woods de Yers ven	id when remetation)		DATE		
•	Signature, typed	or present name of registered agent a	TO ME II Applicable. (110)	L. Negistered Agent a	Matare reduce	o mierrei Garigi		DAIL		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.						.00 May Be ded to Fees				
10.	OFFICERS AND		DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			3 IN 11	
TITLE NAME:	D DENALO2	ZA, MARIO	Delete	TITLE NAME					Change	Addition
STREET ADDRESS	9801 SW			STREET ADDR	ESS 5	786 W	EST 20	. Ave	-	
CITY-ST-ZIP	HOLLYW	OOD, FL 33025		CITY-ST-ZIP	41	ALEAH	FL 33	016		
TITLE			☐ Delete	TITLE					Change	Addition
name Street address				name Street addri	ESS					
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	Addition
NAME]			name Street addr	ree					
STREET ADDRESS CITY-ST-ZIP		-		CITY-ST-ZIP	533					
TITLE			☐ Delete	TITLE					Change	Addition
NAME				NAME						
STREET ADDRESS CITY-ST-ZIP				STREET ADDR CITY-ST-ZIP	1200					
TITLE			☐ Delete	TITLE					☐ Change	Addition
NAME				NAME						
STREET ADDRESS CITY-ST-ZIP				STREET ADDR CITY-ST-ZIP	ESS					
TITLE	 		☐ Delete	TITLE					Change	Addition
NAME				NAME	1					
STREET ADDRESS				STREET ADOR	ESS					

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.

CITY-ST-ZIP

SIGNATURE:

CITY+ST-ZIP

A JURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05 (786)348-1707 Date Date Daytime Prione #