2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 10, 2005 08:00 AM-**DOCUMENT # P97000072165 Secretary of State** 1. Entity Name PEDROAD INC. Principal Place of Business Mailing Address 20791 SW 128 AVE 20791 SW 128 AVE MIAMIL FL 33177 MIAMI, FL 33177 01122005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0777352 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIVERO, PEDRO L DO NOT WRITE 20781 SW 128 AVENUE MIAMI, FL 33177 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PΩ RIVERO, PEDRO L NAME U00000224166 STREET ADDRESS 20791 SW 128 AVENUE 02/10/05-80074-005 150.00 CITY-ST-ZIP MIAMI, FL 33177 TITLE RIVERA, DINORAH M NAME STREET ADDRESS 20791 SW 128 AVENUE CITY-ST-ZIP MIAMI, FL 33177 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS 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 attactment with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED