2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000090840

1. Entity Name
PEMBROKE ASSET CORP.

Principal Place of Business	Mailing Address
1600 S.W. 66 AVE. PEMBROKE PINE, FL 33023	1600 S.W. 66 AVE. PEMBROKE PINE, FL 33023

DO NOT WRITE IN THIS SPACE

01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0792760
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAMS, MIRIAM
1600 S.W. 66 AVE.
PEMBROKE PINE, FL 33023

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000189951
01/24/05-80113-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABRAMS, MIRIAM
STREET ADDRESS	1600 S.W. 66 AVE.
CITY-ST-ZIP	PEMBROKE PINE, FL 33023
TITLE	P
NAME	CHOCRON, ISAAC
STREET ADDRESS	1600 S.W. 66 AVE.
CITY-ST-ZIP	PEMBROKE PINE, FL 33023
TITLE	VP
NAME	ABRAMS, MIRIAM
STREET ADDRESS	1600 S.W. 66 AVE.
CITY-ST-ZIP	PEMBROKE PINE, FL 33023
TITLE	T
NAME	ABRAMS, MIRIAM
STREET ADDRESS	1600 S.W. 66 AVE.
CITY-ST-ZIP	PEMBROKE PINE, FL 33029
TITLE	S
NAME	ABRAMS, MIRIAM
STREET ADDRESS	1600 S.W. 66 AVE.
CITY-ST-ZIP	PEMBROKE PINE, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Miriam Abrams MIRIAM ABRAMS D 1/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

954-966-2050.