## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR **DOCUMENT #**

P98000006017



1. Entity Name PENAM CORP.

Country

6. Name and Address of Current Registered Agent

Principal Place of Business

16000 SW 242 STREET

HOMESTEAD FL 33031

City & State

Zip



16000 SW 242 STREET HOMESTEAD FL 33031

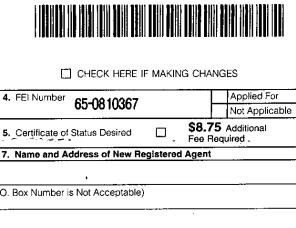
City & State

Mailing Address

<ol><li>Mailing Address</li></ol>	
Suite Ant # etc	
	3. Mailing Address  Suite, Apt. #, etc.

**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91842 040 \*\*\*150.00



SERVICE CORPORATION OF MIAMI 9260 SUNSET DRIVE STE 119 MIAMI FL 33173  8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  red office or registered agent, or both, in the State of Florida. I am familiar with, and accept  ad Agent signature required when reinstating)  DATE					
Fi After	ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  c Payable to Florida Department of State				9. Election Campaign Financ Trust Fund Contribution.		Added	<b>0</b> May Be to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTO D TOWARD, PAMELA J 16000 SW 242 STREET HOMESTEAD FL 33031	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADI	DITIONS/CHANGES TO OFFICE		DIRECTORS  Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete ·	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			,	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second secon		- •	Change	Addition -	
TITLE NAME - STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Change	☐ Addition	
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TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition	

Country

Name

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP