


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000052415	
1. Entity Name PASTORAL HOLDINGS, INC.	

Principal Place of Business 430 GRAND BAY DR 507 KEY BISCAVNE, FL 33149	Mailing Address 304 PALERMO STREET FIRST FLOOR CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0933245	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOFFAT, ANA MOFFAT, BEASLEY CO. CPA 304 PALERMO STREET, FIRST FLOOR CORAL GABLES, FL 33134
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000749850 05/17/07-80083-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, MANUEL 430 GRAND BAY DR KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GOMEZ, ROSA 430 GRAND BAY DR KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Rosa Gomez</i></u> - ROSA GOMEZ - VSTD	Date: <u>4/25/07</u>	Daytime Phone #: <u>(305) 666-6606</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		