2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

ANNUAL REPORT (AR)					FILED			
DOCUMENT # P98000053792  1. Entity Name					Feb 28, 2004 08:00 AM Secretary of State			
PENTA FIRST, INC.			1		Secretary	n State		
Principal Place of Business Mailing Address		L	, , , , , , , , , , , , , , , , , , , ,	1				
305 NE 61 ST		692 W 29 ST						
MIAMI FL US		#9 HIALEAH FL 33012						
03		US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt #, etc.		Suite, Apt. #, etc.			34 (11/03)			
City & State		City & State		4. FEI Number 65-0936840		plied For Applicable		
Žip	Country	Zip	Country	<i>f</i>	5. Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Currer	nt Registered Agent			7. Name and Address of New Registere	d Agent		
DAZZOOULI MACCINO				Name				
BAZZOCCHI, MASSIMO 692 W 29 ST #9				Street Address (	P.O. Box Number is Not Acceptable)			
HIALEAH FL 33012								
				City		Zip Code	e	
	named entity submits this statement tions of registered agent.	for the purpose of changing it	ts registered	office or register	red agent, or both, in the State of Florida. Te	m familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered ago	on and little if applicable (NO	TTF Recustered A	Agent signature required	g when reinstating) DAT	F	<del> </del>	
		Transmit approach	, regulated	gen agrata a rada a				
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00				Election Campaign Financing     Trust Fund Contribution,	\$5.0 Added	O May Be I to Fees	
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS				<u>.</u>	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	5 IN 11	
10. TITLE	PSTD OFFICERS AIN	Delete	11.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
NAME	BAZZOCCHI, MASSIMO	L Delete	NAME			C. Onlings		
STREET ADDRESS	692 W 29 ST #9			ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33012	<u>_</u>	CITY-S	T- ZIP				
TITLE		☐ Delete	TITLE	İ		Change	Addition	
NAME STREET ADDRESS			NAME STREET	ADDRESS				
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NAME			NAME ·	1			~···	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS				
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STREET ADDRESS				ADDRESS				
CITY-ST-ZIP	partifu that the information -in-iiiiiiiiiiiiiiiiii	ith this filing days not as wife. 6	CITY-S	1	notion 110 07/200 Closide Charles 15	applifu that the te	formetica	
indicated	on this report or supplied w	in this ming does not qualify to	or the exem t my signatu	ption stated in Se re shall have the	ection 119.07(3)(i), Florida Statutes. I further same legal effect as if made under oath, tha 7, Florida Statutes, and that riy name appea	certify that the in	or director	
changed	poration or the receiver of trystee em , or on an attachment with transfers	powered to execute this reports, with all other like empowered	n as require d.	ony oriabter on	г, тълга этагитем, ана таг ту пате арреа.	SIII DIUUK IU Of	DIOCK FLIF	

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/04 3058834185