2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # P98000062496 PEMBROKE GARDENS, INC. Mailing Address Principal Place of Business 5709 N.W. 158 STREET 5709 N.W. 158 STREET MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 04032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0855623 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SWEZY, LEWIS V DO NOT WRITE 5709 N.W. 158 STREET MIAMI LAKES, FL 33014 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TiTLE SWEZY, LEWIS V NAME STREET ADDRESS 5709 N.W. 158 STREET CITY-ST-ZIP MIAMI LAKES, FL 33014 TITLE NAME 05/09/06-80120-011 158.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CHY-ST-7IP

12. I hereby certify that the information supplied with this tiling 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 the 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:

CHATURE SHOUTHED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-06

305-821-033

Daytima Phone #

FILED