## 2007 FOR PROFIT CORPORATION

**FILED** te

ANNUAL REPORT					May 01, 2007 08:0		
	MENT # P980000624			Sec	retary of Sta		
1. Entity Name PEMBROKE GARDENS, INC.							
Principal Plac	e of Business	Mailing Address	<del></del>	1			
5709 N.W. 1 MIAMI LAKES		5709 N.W. 158 STREET MIAMI LAKES, FL 33014					
	,			 	BI IBIN OBLY BOYN DON'S BRID B	ILA IIRK TIBU IBINA BKITBI KI IBA	
			<del></del>				
				04262007	No Chg-P CR	2E034 (11/05)	
	O NOT WRITE I	CE,	4. FEI Number		Applied For		
1			r	65-08556	$\overline{}$	Not Applicable \$8.75 Additional	
	· · · · · · · · · · · · · · · · · · ·	leasered Accord		5. Certificate of	Status Desired	Fee Required	
	6. Name and Address of Current Reg	istered Agent	1				
SWEZY, LEWIS V 5709 N.W. 158 STREET			DO NOT WRITE				
MIAMI LAKES, FL 33014			IN THIS SPACE				
	named entity submits this statement for the	purpose of changing its registe	ered office or registe	red agent, or both,	in the State of Florida. I	am familiar with, and accept	
_							
SIGNATURE.	Signature, typed or printed name of registered agent and to	tie if applicable (NOTE: Registe	red Agent signature require	d when reinstating)	DA	TE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	ancing \$5 n.	.00 May Be ded to Fees				
10.	OFFICERS AND DIR	ECTORS	_	<del> </del>			
TITLE NAME	PD SWEZY, LEWIS V						
STREET ADDRESS	5709 N.W. 158 STREET		<b>J</b> .	,	. Lamanania	75000	
CITY-ST-ZIP	MIAMI LAKES, FL 33014			· ' ' ' '	000000 05/21/07	752264 80009-015 158.75	
NAME					00, 21, 0,	00000 013 130. [3	
STREET ADDRESS CITY-ST-ZIP							
TITLE							
NAME STREET ADDRESS				DO I	IOT MIDI	TE	
CITY-S1-ZIP			4		NOT WRI	}	
TITLE NAME				IN T	HIS SPAC	CE	
STREET ADDRESS							
TITLE							
NAME					•		
STREET ADDRESS CITY-ST-ZIP			1	•	. •		
TITLE			1				
NAME	İ						

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 trusted 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: \_\_

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

Lewis 1. Swezy

305 821-0330

Daytime Phone #