

2004 FOR PROFIT CORPORATION ANNUAL REPORT



FILED

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SECRETARY OF STATE
REINSTATEMENT on



DOCUMENT # P99000101390		1. Entity Name PENJING MONSOON, INC.	
Principal Place of Business 1931 WASHINGTON STREET HOLLYWOOD, FL 33020		Mailing Address 1931 WASHINGTON ST. HOLLYWOOD, FL 33020	
2. Principal Place of Business <i>1845 Jefferson St.</i> Suite, Apt. #, etc. <i>APT. 12</i>		3. Mailing Address <i>Same</i> Suite, Apt. #, etc.	
City & State <i>Hollywood FL.</i>		City & State	
Zip <i>33020</i>	Country <i>Broward</i>	Zip	Country
6. Name and Address of Current Registered Agent FISHER-TAX-SERVICE ROBERT GOLDEN 3421 W OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33311		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREAU, PAUL L <i>1845 JEFFERSON ST. APT. 12</i> 1929 WASHINGTON ST. HOLLYWOOD, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment with an address, with all other like empowered.		900042786609 11/16/04--01061--005 **150.00	
SIGNATURE: <i>Paul Moreau</i>		Date: <i>Oct. 13 2004</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	