


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
5 Jun 22, 2005 8:00 am
Secretary of State

05-04-2005 90172 049 ***150.00

DOCUMENT # P02000020504
 1. Entity Name
PINA Q2 CORPORATION



Principal Place of Business Mailing Address
 572 E. OSCEOLA PRWY 572 E. OSCEOLA PRWY
 KISSIMMEE FL 34744 KISSIMMEE FL 34744

2. Principal Place of Business 3. Mailing Address
572 E OSCEOLA PRWY **same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Kissimmee, FL **same**

Zip Country Zip Country
34744 **Osceola**

4. FEI Number Applied For
81-0559649 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PINA, PLACIDO
2120 WALDEN PAKR CIR.
APT 103
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent
 Name
 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.

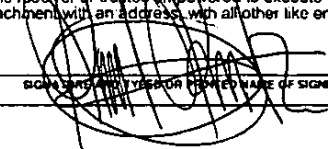
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution. **\$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 PINA, PLACIDO 2120 WALDEN PARK CIR. APT. 103 KISSIMMEE FL 34744 <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 supplement 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:  **Director** Date: **06-02-05** Daytime Phone # _____



1st MOORE CR2E034 (10/04)