
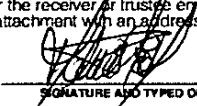


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90306 010 ***158.75

DOCUMENT # P04000058601			
1. Entity Name REPRESENTACIONES PINTOS INTERNATIONAL CORP.			
Principal Place of Business 155 S. MIAMI AVENUE, SUITE 1111-B MIAMI, FL 33130		Mailing Address 155 S. MIAMI AVENUE, SUITE 1111-B MIAMI, FL 33130	
2. Principal Place of Business 39120 Argonaut way Suite, Apt. #, etc. 431 City & State Fremont, CA Zip 94538 Country USA		3. Mailing Address 39120 Argonaut way Suite, Apt. #, etc. 431 City & State Fremont, CA Zip 94538 Country USA	
04072005 Chg-P CR2E034 (10/03)		4. FEI Number 56-2465357 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LAW OFFICES OF KRAVITZ & GUERRA, P.A. 155 SOUTH MIAMI AVENUE SUITE 111-B MIAMI, FL 33130		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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	DPST PINTO, ADRIANA CEILIN 2000 WALNUT AVE. #M-207 FREEMONT, CA 94538 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PINTO, ADRIANA CECILIA 35936 Dering Place Fremont, CA 94536 <input checked="" 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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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
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.			
SIGNATURE: 		Date: 4/12/2005 Daytime Phone #: 510-494-9908	