


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000132815

1. Entity Name
DIPINTO, INC.



Principal Place of Business Mailing Address

**8232 NW 56TH ST.
 MIAMI, FL 33166** **8232 NW 56TH ST.
 MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2ED34 (11/05)

4. PEI Number Applied For

20-1865580 Not Applicable

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

6. Name and Address of Current Registered Agent

**PINTO, ARTURO I
 8232 NW 56TH ST.
 MIAMI, FL 33166**

DO NOT WRITE 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: *Arturo Pinto, President* **4/26/06**

Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when withdrawing DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

True Fund Contributor.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD PINTO, ARTURO I. 8232 NW 56TH ST. MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD PINTO, DIEGO C 8232 NW 56TH ST. MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

U00000542738
 05/10/06-80111-003 150.00

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 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: *Arturo Pinto* **4/26/06 305-468-9998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #