

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000107936

**Entity Name:** PINO MANAGEMENT CORPORATION

**Current Principal Place of Business:**

189 S. ORANGE AVE., STE. 1650  
ORLANDO, FL 32801

**Current Mailing Address:**

P. O. BOX 1511  
ORLANDO, FL 32802 US

**FEI Number: 59-3493180**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAURENCE J. PINO, P.A.  
189 S. ORANGE AVENUE  
SUITE 1650  
ORLANDO, FL 32801 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name PINO, LAURENCE J  
Address 189 S. ORANGE AVE., STE. 1650  
City-State-Zip: ORLANDO FL 32801

Title VPT  
Name HORVATH-PINO, JANET  
Address 189 S. ORANGE AVE., STE. 1650  
City-State-Zip: ORLANDO FL 32801

Title S  
Name WILSON, PATRICIA  
Address 189 S. ORANGE AVE., STE. 1650  
City-State-Zip: ORLANDO FL 32801

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LAURENCE J. PINO**

**PRESIDENT**

**01/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date