


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90027 020 ***150.00

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| DOCUMENT # 364556 | |  |
| 1. Entity Name PINTER ENTERPRISES, INC. | | |

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| Principal Place of Business 6150 S HWY 17-92 FERN PARK, FL 32730 | Mailing Address 2250 LUCIEN WAY SUITE 120 MAITLAND, FL 32751 |
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50000807

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| 2. Principal Place of Business - No P.O. Box # 853 ST RD. 436 | 3. Mailing Address |
| Suite, Apt. #, etc. 151 | Suite, Apt. #, etc. |
| City & State Casselberry, FL | City & State |
| Zip 32707 | Country |



01162007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 59-1299971 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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| 6. Name and Address of Current Registered Agent O'BAKER, GENE 2250 LUCIEN WAY SUITE 120 MAITLAND, FL 32751 | 7. Name and Address of How Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 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 | PT PINTER, MICHAEL E. JR. 6150 S HWY 17-92 FERN PARK, FL 32730 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 853 ST. RD. 436 STE 151 CASSELBERRY FL 32707 <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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| 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 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:  JAN 15, 2007 Date Daytime Phone #