

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91238 016 ***150.00

DOCUMENT # 429385

1. Entity Name
PINZON PRODUCTS, INC.



Principal Place of Business
**7730 NW 72ND AVE
MIAMI, FL 33166 US**

Mailing Address
**7730 NW 72ND AVE
MIAMI, FL 33166 US**

2. Principal Place of Business

6937 NW 52 ST

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI FL

Zip

33166

Country

USA

3. Mailing Address

6937 NW 52 ST

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI FL

Zip

33166

Country

USA



04302004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1565507

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, FLORENTINO JR.
7730 NW 72ND AVE
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6937 NW 52 ST

City

MIAMI

FL

Zip Code

33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VTD** ☐ Delete
NAME **FERNANDEZ, ESTHER**
STREET ADDRESS **2457 COLLINS AVE #1103**
CITY-ST-ZIP **MIAMI BEACH, FL**

TITLE **PD** ☐ Delete
NAME **FERNANDEZ, FLORENTINO**
STREET ADDRESS **2457 COLLINS AVE #1103**
CITY-ST-ZIP **MIAMI BEACH, FL**

TITLE **SVD** ☐ Delete
NAME **FERNANDEZ, FLORENTINO JR**
STREET ADDRESS **105 NW 132 AVE**
CITY-ST-ZIP **MIAMI, FL**

TITLE **VD** ☐ Delete
NAME **FERNANDEZ, CARLOS A.**
STREET ADDRESS **6725 SW 72ND COURT**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6937 NW 52 ST**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6937 NW 52 ST**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6937 NW 52 ST**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **SVD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **6937 NW 52 ST**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04

305 591 2472