

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702030

FILED
Feb 21, 2009
Secretary of State

Entity Name: PINWOOD HOUSE INCORPORATED

Current Principal Place of Business:

520 EUCLID AVE
#7
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

520 EUCLID AVE
MIAMI BEACH, FL 33139

New Mailing Address:

520 EUCLID AVE
#7
MIAMI BEACH, FL 33139

FEI Number: 59-0978459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABEZAS, RAFAEL
520 EUCLID AVE D#7
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

CABEZAS, RAFAEL
520 EUCLID AVE D#7
MIAMI BEACH, FL 33139 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: RAFAEL CABEZAS

02/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CABEZAS, RAFAEL
Address: 520 EUCLID AVE #7
City-St-Zip: MIAMI BCH, FL 33139

Title: D () Delete
Name: GARCIA, H
Address: 520 EUCLID AVE # 6
City-St-Zip: MIAMI, FL 33135

Title: S () Delete
Name: CHANG, NANCY
Address: 520 EUCLIO AVENUE #4
City-St-Zip: MIAMI BEACH, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CABEZAS, RAFAEL
Address: 520 EUCLID AVE #7
City-St-Zip: MIAMI BCH, FL 33139

Title: D (X) Change () Addition
Name: GARCIA, LAZARO
Address: 520 EUCLID AVE # 6
City-St-Zip: MIAMI, FL 33135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL CABEZAS

P

02/21/2009

Electronic Signature of Signing Officer or Director

Date