

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90288 049 ***150.00

U214037 AV

DOCUMENT # 839466

1. Entity Name
PINING CORPORATION



Principal Place of Business

151 S.E. 15TH ROAD
SUITE 402
MIAMI FL 33129
US

Mailing Address

151 S.E. 15TH ROAD
SUITE 402
MIAMI FL 33129
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1136043

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

LLANO, CARMEN B
151 S.E. 15TH ROAD
SUITE 402
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **CAICEDO TORO, ANGELA**
STREET ADDRESS **151 SE 15 RD #402**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** Delete
NAME **MORALES MEJIA, GUSTAVO A**
STREET ADDRESS **151 SE 15 RD #402**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** Delete
NAME **LLANO WHITE, CARMEN BEATRIZ**
STREET ADDRESS **151 SE 15 RD #402**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **ALYAREZ, SEBASTIAN**
STREET ADDRESS **151 SE 15 RD #402**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE Change Addition
NAME **ALVAREZ, SEBASTIAN**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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 all other like empowered.

SIGNATURE:

Carmen Beatriz Llano White
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **LLANO White**

Date

Daytime Phone #

1/10/03

CR2E034 (10/02)