

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # G38099

1. Entity Name
PIN-MAT, INC.



Principal Place of Business
6050 S DIXIE HWY
S MIAMI, FL 33143 US

Mailing Address
9655 SOUTH DIXIE HIGHWAY
3RD FLOOR
MIAMI, FL 33156 US



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2305409

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PINDER, STAN
12501 RAMIRO ST.
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PINDER, STANLEY H.
STREET ADDRESS 12501 RAMIRO ST.
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE SD
NAME PINDER, STANLEY H.
STREET ADDRESS 12501 RAMIRO ST.
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE
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CITY-ST-ZIP

000000270706
03/21/05-80018-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05

Date

Daytime Phone #