


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90026 027 ***158.75

DOCUMENT # J31293

1. Entity Name
J. PINON ENTERPRISES, INC.



Principal Place of Business Mailing Address

1651 WEST 37 ST.
 BAY #406
 HIALEAH, FL 33012 US

1651 WEST 37 ST.
 BAY #406
 HIALEAH, FL 33012 US

40003590



2. Principal Place of Business 3. Mailing Address

1629 West 33 Place **1629 West 33 Place**

Suite, Apt. #, etc. Suite, Apt. #, etc.

01122005 Chg-P CR2E034 (10/03)

City & State City & State

HIALEAH FL **HIALEAH FL**

Zip Zip Country Country

33012-4653 **33012-4653** **MIAMI-DADE** **MIAMI-DADE**

4. FEI Number Applied For

59-2716774 Not Applicable

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

6. Name and Address of Current Registered Agent

P, J
 9921 N.W. 80TH AVENUE
 BAY 1-N
 HIALEAH GARDENS, FL 33016

7. Name and Address of New Registered Agent

Name **JOAQUIN PINON**

Street Address (P.O. Box Number is Not Acceptable)
9311 NW 121 TERRACE

City **HIALEAH GARDENS, FL** Zip Code **33018**

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]* DATE **1/16/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	SD BERTOT, RAMIRO R 9920 S.W. 22ND STREET MIAMI, FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOMINGUEZ, JUAN M 236 MARSHALL STREET ELIZABETH, NJ 07206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOMINGUEZ, DOLORES M 236 MARSHALL STREET ELIZABETH, NJ 07206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINON, JOAQUIN 9311 N.W. 121 TERR HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: *[Signature]* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR