

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90016 015 ***155.00

DOCUMENT # J31293

1. Entity Name
J. PINON ENTERPRISES, INC.



Principal Place of Business
**1629 WEST 33 PLACE
HIALEAH, FL 33012-4653 US**

Mailing Address
**1629 WEST 33 PLACE
HIALEAH, FL 33012-4653 US**

DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2716774

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PINON, JOAQUIN
9311 NW 121 TERRACE
HIALEAH GARDENS, FL 33018**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

01/20/06 **(305) 826-8333**
Date Daytime Phone #