## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J31293

Entity Name: J. PINON ENTERPRISES, INC.

FILED Feb 25, 2009 Secretary of State

| Littly Name: 3. FINON LIVIER RISES, INC.   |  |  |   |   |                                  |  |
|--|--|--|---|---|----------------------------------|--|
| Current Pr   | incipal Place o  | of Business:                           | New Princ                                   | New Principal Place of Business:                                    |                                  |  |
| 1629 WEST 33 PLACE<br>HIALEAH, FL 330124653 US   |  |  |   | 1687 WEST 32ND PLACE<br>HIALEAH, FL 330124653 US                    |                                  |  |
| Current Mailing Address:   |  |  | New Maili                                   | New Mailing Address:  |                                  |  |
| 1629 WEST 33 PLACE<br>HIALEAH, FL 330124653 US   |  |  |   | 1687 WEST 32ND PLACE<br>HIALEAH, FL 330124653 US                    |                                  |  |
| FEI Number:  | 59-2716774   | FEI Number Applied For ( )             | FEI Number Not Appl                         | icable ( ) Ce   | ertificate of Status Desired ( ) |  |
| Name and Address of Current Registered Agent:  |  |  | Name and                                    | Name and Address of New Registered Agent:                           |                                  |  |
| PINON, JOAQUIN 9311 NW 121 TERRACE HIALEAH GARDENS, FL 33018 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, |  |  |   |   |                                  |  |
| in the State   |  | abilities tille statelinent for the pa | rpose of changing in                        | o registered onto   | or registered agent, or both,    |  |
| SIGNATUR   |  |  |   |   |                                  |  |
| Electronic Signature of Registered Agent   |  |  |   |   | Date                             |  |
| Election Cam   | paign Financing  | Trust Fund Contribution ( ).           |   |   |                                  |  |
| OFFICERS AND DIRECTORS:  |  |  | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                        |                                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | SD ()E<br>MORALES, EUDI<br>167 EAST 10 STI<br>HIALEAH, FL 33                   | REET                                   | Title:<br>Name:<br>Address:<br>City-St-Zip: | PD (X) Ch<br>MORALES, EUDEL<br>167 EAST 10 STRE<br>HIALEAH, FL 3301 | ET                               |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | VPD () [<br>DOMINGUEZ, JU<br>236 MARSHALL<br>ELIZABETH, NJ                     | STREET                                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Ch:   | ange ( ) Addition                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | TD () Delete<br>LORENZO, MORALES C<br>3831 WEST 3RD COURT<br>HIALEAH, FL 33012 |  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition   |                                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | PD () E<br>PINON, JOAQUIN<br>9311 N.W. 121 T<br>HIALEAH GARDE                  | ERR                                    | Title:<br>Name:<br>Address:<br>City-St-Zip: | SD (X) Ch<br>PINON, JOAQUIN<br>9311 N.W. 121 TEF<br>HIALEAH GARDEN  |                                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Delete   |  | Title:<br>Name:<br>Address:<br>City-St-Zip: | D () Ch<br>BERTOT, RAMIRO<br>9920 S W 22ND ST<br>MIAMI, FL 33165    |                                  |  |

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUDEL MORALES PD 02/25/2009