2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000019592

1. Entity Name
PINART, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 10 AM 9:19

09022004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
5700 SW 127TH AVE 1414 MIAMI, FL 33183	5700 SW 127TH AVE 1414 MIAMI, FL 33183

2. Principal Place of Business	3. Mailing Address
13612 STATE RD #84	13612 STATE RD #84
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE FL	City & State: DAVIE FL
Zip: 33325 / Country:	Zip: 33325 / Country:

4. FEI Number: 01-0588702 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDEZ, LUIS G 11031 NW 45TH TERRACE MIAMI, FL 33178	Name: PARDO, JOSE Street Address (P.O. Box Number is Not Acceptable): 13612 STATE RD. #84 City: DAVIE FL Zip Code: 33325

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 X JOSE PARDO 9/02/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR ☐ Delete	TITLE	P/MGR ☒ Change ☐ Addition
NAME	PARDO, FRANCISCO J	NAME	PARDO, FRANCISCO J.
STREET ADDRESS	1266 CANARY ISLAND	STREET ADDRESS	1266 CANARY ISLAND
CITY-ST-ZIP	WESTON, FL 33327	CITY-ST-ZIP	WESTON FL 33327
TITLE	MGR ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, LUIS G	NAME	100042401551
STREET ADDRESS	901 PONCE DE LEON BLVD.	STREET ADDRESS	11/02/04--01054--002 **50.00
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	MGR ☐ Change XX Addition
NAME		NAME	PARDO, JOSE
STREET ADDRESS		STREET ADDRESS	13612 STATE RD. #84
CITY-ST-ZIP		CITY-ST-ZIP	DAVIE FL 33325
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	100042401551
STREET ADDRESS		STREET ADDRESS	12/10/04--01031--008 **100.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT 2004 np

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X JOSE PARDO, MGR. 9/02/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

(954)424-9394