2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000111592

1. Entity Name
PINZON MANPOWER, LLC



FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

P.O. BOX 833002 MIAMI, FL 33283 Mailing Address

P.O. BOX 833002 MIAMI, FL 33283



DO NOT WRITE IN THIS SPACE

03262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2543345

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

PINZON, DIEGO 11245 SW 58TH TERR. MIAMI, FL 33173

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	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. the obligations of registered agent.	I am familiar with, and	d accept
SI	IGNATURE		

(NOTE: Registered Agent signature required when reinstating)

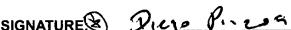
Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP	MGR PINZON, DIEGO 11245 SW 58TH TERR. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #