


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000006432**  
 1. Entity Name  
 PINEIRO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 1793 WEST 37TH STREET  
 #2  
 HIALEAH, FL 33012

Mailing Address  
 1793 WEST 37TH STREET  
 #2  
 HIALEAH, FL 33012



03232004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 NOT APPLICABLE

Applied For  
 Not Applicable

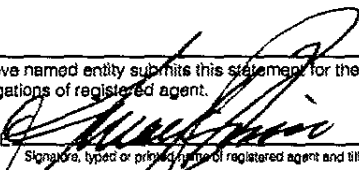
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PINEIRO, MIGUEL  
 1793 WEST 37TH STREET  
 #2  
 HIALEAH, FL 33012

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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:  (NOTE: Registered Agent signature required when reinstating)

DATE: 3/24/2004

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

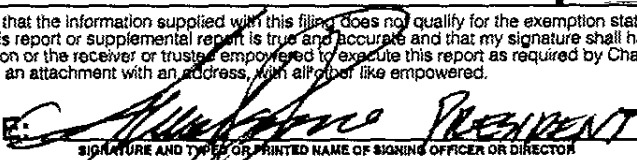
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PINEIRO, MIGUEL
STREET ADDRESS	1793 WEST 37TH STREET
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	D
NAME	PINEIRO, CARMEN M
STREET ADDRESS	1793 WEST 37TH STREET
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	D
NAME	PINEIRO, MIGUEL DE JESU JR.
STREET ADDRESS	1793 WEST 37TH STREET
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

03/29/04-80048-021 61.25

**DO NOT WRITE IN THIS SPACE**

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 617, 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:  PRESIDENT

DATE: 3/24/2004

Daytime Phone #: (305) 362-7557