2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0100000510

1. Entity Name



FILED Feb 20, 2007 8:00 am Secretary of State

02-20-2007 90040 050 ****70.00

	PINO-AMERICAN ASSOCI. /EST FLORIDA, INC.								
Principal Place 522 SE 47TH CAPE CORAL,	I TER.	Mailing Address PO BOX 100985 CAPE CORAL, FL 33910	D BOX 100985		40020925				
	flace of Business - No P.O. Box #	3. Mailing Address	19115	\dashv					
	AS ABOVE		SAME AS ABOVE						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01102007	Chg-NP CR2	E037 (12/06)		
City & State		City & State	City & State		4. FEI Number 65-10502	22		pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of S	Status Desired 🗾	\$8.75 Ad Fee Require	ditional ed	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New Register	ed Agent	,	
TAN, COR	A E M.D. ENDALE CIRCLE		Name A	11 LA	O. Box Number is	SEANNE /	SBERTA	2	
	ERS, FL 33912		Ž.	511	NE 21	Not Acceptable)	<u> </u>		
			City	AD0	CORAL	· · · · · · · · · · · · · · · · · · ·	Zip Cod	1e 9	
	named entity submits this statement for	or the purpose of changing its r	registered office or	registere	d agent, or both, in				
SIGNATURE .	Milayor Je Signature, typed or printed ame of register of agen	anne bleet and title if applicable. (NOTE:	Registered Agent signatur	ire required w	hen reinstating)	DA	TE		
	<u>*</u>								
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		eck payable i partment of S		
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	⊔ ,	Added to Fees	Florida De	partment of S	itate	
10. TITLE NAME STREET ADDRESS	P TAN, CORA E M.D. 12651 ALLENDALE CIRCLE	9. Election Cam Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS	AL P 1506 1511	Added to Fees DDITIONS/CHANG RTO , M NE 20	Florida Da GES TO OFFICERS AND ILAGROS JO A TERRACE	DIRECTORS IF	itate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAN, CORA E M.D. 12651 ALLENDALE CIRCLE FORT MYERS, FL 33912	9. Election Cam Trust Fund Co RECTORS	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CHY-ST-ZIP	P IS BE IS II	Added to Fees DDITIONS/CHANGE RTO M NE 2 M E CORAL	Florida Da GES TO OFFICERS AND ALLAGROS JO	DIRECTORS IF	N 10 Addition	
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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 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:	Milas	por	geagne liberto	MILAGROS	JEANNE	ISBERTO	2/14/07	239- 458-48	38
	SIGNATURE	AND TYPED Q	PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date			ĺ