


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90027 030 ***150.00

DOCUMENT # P00000013568	
1. Entity Name PINEL INTIMATE & SWIM WEAR USA, INC.	

Principal Place of Business 777 NW 72 AVE, 3 AA 48 MIAMI, FL 33126	Mailing Address 777 NW 72 AVE, 3 AA 48 2 BB62 MIAMI, FL 33126
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94059594

2. Principal Place of Business	3. Mailing Address 777 NW 72 AVENUE 3AA48
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3AA48
City & State	City & State MIAMI, FL
Zip	Country
33126	

04012004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0979962	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GIRALDO, CRISTINA 777 NW 72 AVE STE 2 BB62 MIAMI, FL 33126-3009	7. Name and Address of New Registered Agent Name MARIA C GIRALDO Street Address (P.O. Box Number is Not Acceptable) 777 NW 72 AVENUE, STE 3AA48 City MIAMI FL 33126
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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.	<i>Cristina Giraldo</i> 04/12/04
SIGNATURE	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIRALDO, MARIA C 777 NW 72 AVE, 3 AA 48 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLOS PINEL 777 NW 72 AVE, 3AA48 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PINEL, CARLOS 777 NW 72 AVE, 3 AA 48 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D MARIA C GIRALDO 777 NW 72 AVE, 3AA48 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: <i>Cristina Giraldo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04/12/04 305 262-7373 Date Daytime Phone #