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Secretary of State

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2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000060467

1. Entity Name
PIMENTEL DOTTIN ENTERPRISES, INC.



60038168

Principal Place of Business
AVENIDA JOHN F. KENNEDY #20
ESQUINA RAFAEL GOMEZ
TORRE POPULAR DOMINICAN REP.

Mailing Address
239 ALHAMBRA CIRCLE
SUITE 403
CORAL GABLES, FL 33134

STATE OF FLORIDA SECRETARY OF STATE

04382006 No Chg-P CR2004 (1/00)

4. Bill Number
65-1086248

Applied For
(Not Application)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODRIGUEZ, JORGE E
239 ALHAMBRA CIRCLE
SUITE 403
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

7. 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

(Signature, typed or printed name of registered agent and title of agent)

(Typed Registered Agent Name and Address)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$650.00

8. Election Campaign Financing
Trust Fund Contribution ☐ \$8.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	PIMENTEL MILLER, MICKEY ALEX
STREET ADDRESS	AVENIDA JOHN F. KENNEDY #20
CITY-STATE-ZIP	TORRE POPULAR DOMINICAN REP.
TITLE	VSO
NAME	DE PIMENTEL, WANDA DOTTIN
STREET ADDRESS	AVENIDA JOHN F. KENNEDY #20
CITY-STATE-ZIP	TORRE POPULAR DOMINICAN REP.
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 139, Florida Statutes. I further certify that the information included 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 (I am an officer or director of the corporation or the member or trustee empowered to execute this report as required by Chapter 139, Florida Statutes) and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, within 30 days of the filing.

SIGNATURE: *[Signature]*

(Signature and typed or printed name of signing officer or director)

Date

Signature Name