

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000065753

1. Entity Name
LOS PINOS PROPERTIES, INC.



Principal Place of Business
3225 AVIATION AVE.
STE. 601
COCONUT GROVE, FL 33133

Mailing Address
3225 AVIATION AVE.
STE. 601
COCONUT GROVE, FL 33133



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1028466

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MANASTER, JOSHUA D ESQ.
1428 BRICKELL AVE., 8TH FLOOR
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	M
NAME	MANASTER, JOSHUA D
STREET ADDRESS	1428 BRICKELL AVE., 8TH FLOOR
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	P
NAME	CISNENOS, GERARDO
STREET ADDRESS	361 LOS GINOS PL.
CITY - ST - ZIP	CORAL GABLES, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/19/05-80036-008 150.00

**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)(f), 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: _____

Gerardo Cisnenos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05 305-858-2454

Date

Day/Lite Phone #