2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P00000101795 1. Entity Name ERNESTO PINZON, P.A.



FILED Apr 19, 2006 8:00 am Secretary of State 04-19-2006 90101 014 ***150.00

| | | 4421 SUN 'N LAKE BLVD | STE C | 2003276 | i3 | |
|--|--|---|--|---|--|--|
| SEBRING, FL | 33870 | SEBRING, FL 33870 | | 4 (88)(38) 311 68(7) 88(1) 88(1) 88(1) | ###################################### | |
| | lace of Business | 3. Mailing Address | 17 17 24 | | | |
| Suite, Apt. #, etc. Standard April 18 Hely 20 20 2950 Alt Suite, Apt. #, etc. Standard April 20 20 20 20 20 20 20 20 20 20 20 20 20 | | | r us awy | 01112006 Chg-P | CR2E034 (11/05) | |
| ~ ~ ~ | | City & State | FL | 4. FEI Number NOT APPLICABLE | Applied For | |
| Zip Country Zip? | | Zip 33870- | Country 1000 0 | S. Certificate of Status Desired | Not Applicable \$8.75 Additional | |
| 228 | -6. Name and Address of Eurrent Ro | egistered Agent | Myrocane | 7. Name and Address of Nev | Fee Required Registered Agent | |
| FROST II, JOHN W 395 SOUTH CENTRAL AVE BARTOW, FL 33830 | | | Name Street Address | Name Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL Zip Code | |
| 8. The above name pentity 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 | | | | | | |
| signature W. W. Like & 4()4)06 | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent and | d title if applicable. (NOTE: Re | egislered Agent signature require | d when reinstating) | DATE | |
| | . / E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Selection Campaign Trust Fund Contribution | | 5.00 May Be ded to Fees | | |
| 10. | OFFICERS AND D | | 11. | ADDITIONS/CHANGES TO C | FFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PINZON, ERNESTO 4421 SUN 'N LAKE BLVD STE C SEBRING, FL 33870 | ☐ Delete | | | Change Addition | |
| TITLE | SEBRING, PL 33070 | ☐ Delete | TITLE | bring FL 3 | Change Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS CITY- ST-ZIP | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | ☐ Change ☐ Addition | |
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| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | |
| THILE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS CITY-ST-ZIP | | · | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | Change Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADORESS CITY-ST-ZIP | | | |
| 12. I hereby of indicated of the core changed | certify that the information supplied with a l on this report or supplemental report is to reporation or the receiver or trustee empoy , or on an attachment with an acid ess, wi | his filing does not qualify for the rue and accurate and that my vered to execute this report as the all other like enjoymened. | he exemptions containe signature shall have the required by Chapter 60 | ed in Chapter 119, Florida Statute e same legal effect as if made und 07, Florida Statutes; and that my n | s. I further certify that the information er oath; that I am an officer or director ame appears in Block 10 or Block 11 if | |
| SIGNAT | TURE: | theren | | 04/12 | 06 | |
| JUNA | SIGNATURE AND TYPED DETER | INTED NAME OF SIGNING OFFICER OR | DIRECTOR | Delte | Daytime Phone # | |