
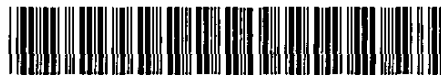


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90068 007 ***150.00

DOCUMENT # P01000097413		
1. Entity Name PINACO ICE CREAM, CORP.		
Principal Place of Business 1555 NE 173ST MIAMI FL 33169		Mailing Address 1555 NE 173ST MIAMI FL 33169
2. Principal Place of Business 10001 W. BAY HARBOR DR		3. Mailing Address 10001 W. BAY HARBOR DR
Suite, Apt. #, etc. APT. # 306		Suite, Apt. #, etc. APT. # 306
City & State BAY HARBOR ISLANDS, FL		City & State BAY HARBOR ISLANDS, FL
Zip 33154	Country USA	Zip 33154 Country USA



1st MOORE CR2E034 (10/05)

4. FEI Number 65-1143030		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PINEDA, HECTOR J 14030 BISCAYNE BL #205 MIAMI FL 33181		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORGE, ACOSTA 1555 NE 173 ST NORTH MIAMI FL 33169 <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	V PINEDA, HECTOR J 1555 NE 173 ST NORTH MIAMI FL 33169 <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
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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 exemptions contained in Section 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 667, 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 entities.

SIGNATURE: **JORGE ACOSTA** *[Signature]* **4-28-06** **7862735142**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #