2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000105946

1. Entity Name
PINTO'S, INC.

Principal Place of Business	Mailing Address
2721 NEWMARK DR	2721 NEWMARK DR
DELTONA, FL 32738	DELTONA, FL 32738

DO NOT WRITE IN THIS SPACE

04062004   No Chg-P   CR2E034 (10/03)

4. FEI Number — Applied For / Not Applicable
59-3748818

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

6. Name and Address of Current Registered Agent

GWILLEN, RALPH
2721 NEWMARK DR
DELTONA, FL 32738

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

H000000112269
04/14/04-80015-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	GUILLEN, RALPH
STREET ADDRESS	2721 NEWMARK DR
CITY-ST-ZIP	DELTONA, FL 32738

TITLE	VTD
NAME	GUILLEN, FRANSICO
STREET ADDRESS	2721 NEWMARK DR
CITY-ST-ZIP	DELTONA, FL 32738

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: _Ralph Guillen_ Ralph Guillen - 4-10-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #