

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90072 030 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000021661

1. Entity Name
PIME, CORP.



Principal Place of Business
 2260 WEST 80TH STREET
 UNIT 1
 HIALEAH, FL 33016

Mailing Address
 2260 WEST 80TH STREET
 UNIT 1
 HIALEAH, FL 33016

10091020



2. Principal Place of Business
 4310 SW 8th Street
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 143718
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
 Coral Gables, Fl.

City & State
 Coral Gables, Fl.

4. FEI Number 04-3614822

Applied For
 Not Applicable

Zip
 33134

Country
 Miami-Dade

Zip
 33114

Country
 Miami-Dade

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent
 SAVASINI, ANGEL J
 2260 WEST 80TH STREET
 UNIT 1
 HIALEAH, FL 33016

7. Name and Address of New Registered Agent
 Name
 Same
 Street Address (P.O. Box Number is Not Acceptable)
 4310 SW 8th Street
 City
 Coral Gables FL Zip Code
 33134

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 date of application.

(NOTE: Registered Agent Signature required when changing)

DATE



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	PTD SAVASINI, ANGEL J 2260 WEST 80TH STREET UNIT #1 HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD SAVASINI, LUZ J 2260 WEST 80TH STREET UNIT #1 HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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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 exemption stated in Section 199.07(3)(1), 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: Angel J. Savasini-President

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

4-14-2003

(305) 556-9088

Date

Original Phone #

CPRE004 (10/02)