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May 05, 2003 8:00 am
Secretary of State
04-17-2003 90611 024 ***158.75

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DIV. OF CORPORATIONS
UNIFORM BUSINESS REPORT
PO BOX 6478
TALLAHASSEE FL 32314-6478

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000027663

1. Entity Name
PIMINCO, INC.

Principal Place of Business	Mailing Address
1750 NORTH FLORIDA MANGO ROAD SUITE 301 WEST PALM BEACH, FL 33409	1750 NORTH FLORIDA MANGO ROAD SUITE 301 WEST PALM BEACH, FL 33409

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	PO BOX 541271
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State LAKE WORTH, FL
Zip / Country	Zip 33454-1271 / Country

4. FEI Number 01-0668745 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANGONON, PATRICK 6281 ETHAN DRIVE LAKE WORTH, FL 33467	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 ______ DATE

[redacted]

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/CEO PATRICK T. MANGONON 6281 ETHAN DR. LAKE WORTH, FL 33467 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Patrick T. Mangonon 4/12/03 561-313-6253

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