


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90356 011 \*\*\*150.00

<b>DOCUMENT # P02000039860</b>			
1. Entity Name <b>PETE PINEIRO FINE ARTS &amp; ANTIQUES, INC.</b>			
Principal Place of Business <b>6927 SATINLEAF ROAD NORTH SUITE 204 NAPLES, FL 34109</b>		Mailing Address <b>6927 SATINLEAF ROAD NORTH SUITE 204 NAPLES, FL 34109</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**66423891**



04222004 Chg-P CR2E034 (10/03)

4. FEI Number <b>02-0581161</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>PINEIRO, PEDRO 6927 SATINLEAF ROAD NORTH SUITE 204 NAPLES, FL 34109</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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's Signature required when re-registering) 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINEIRO, PEDRO 6927 SATINLEAF ROAD NORTH SUITE 204 NAPLES, FL 34109 <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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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:** Pedro Pineiro **4/26/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER/OFFICER OR DIRECTOR Date Daytime Phone #