## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000045972

Name:

Address:

City-St-Zip:

RIVERO, MARÍA ANTONIA

CORAL GABLES, FL 33134

2655 LE JEUNE RD, SUITE 900

FILED Apr 27, 2007 Secretary of State

Entity Name: VENTANA A LOS PINOS CORP.						
Current Principal Place of Business:				New Principal Place of Business:		
2655 S LE JEUNE RD SUITE 900 CORAL GABLES, FL 33134						
Current Mailing Address:				New Mailing Address:		
2655 S LE JEUNE RD SUITE 900 CORAL GABLES, FL 33134			5805BLUE LAGOON DR 200 MIAMI, FL 33126			
FEI Number:	02-0618285	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
AG CORPORATE SERVICES, LLC 300 SEVILLA AVENUE SUITE 201 CORAL GABLES, FL 33134 US				AG CORPORATE SERVICES, LLC 5805 BLUE LAGOON DR SUITE 200 MIAMI, FL 33126 US		
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.						
SIGNATURE: AG CORPORATE SERVICES,LLC				04/27/2007		
	Elect	ronic Signature of Registered Ager	nt		Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:		()Delete :MILIO G JNE RD, SUITE 900 BLES, FL 33134		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:		( ) Delete G JNE RD, SUITE 900 BLES, FL 33134		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title <sup>.</sup>	s	( ) Delete		Title (	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: EMILIO ROMERO D 04/27/2007