


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90354 012 ***150.00

| | |
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| DOCUMENT # P02000127956 |  |
| 1. Entity Name DEL PINO - MXP MACHINE SHOP, INC. | |

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| Principal Place of Business 4602 E 10 CT HIALEAH, FL 33013 | Mailing Address 4602 E 10 CT HIALEAH, FL 33013 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



03012006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 03-0496725 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SANTANA-DEL, CARMEN 16238 NW 19 STREET PEMBROKE PINES, FL 33028 | |
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|---|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name SAME | |
| Street Address (P.O. Box Number is Not Acceptable) 18714 S.W. 28th. Court | |
| City Miramar | FL Zip Code 33029 |

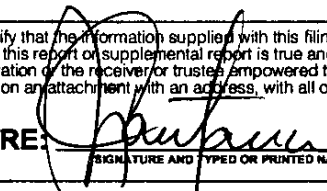
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|---|-------------------------|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  | DATE 04/12/06 |

- address changed

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DEL PINO, FEDERICO 16238 NW 19 ST PEMBROKE PINES, FL 33018 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SANTANA-DEL PINO, CARMEN 16238 NW 19 ST PEMBROKE PINES, FL 33018 |
| 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 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SAME 18714 S.W. 28th. Court Miramar, Fl 33029 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SAME 18714 S.W. 28th Court Miramar, Fl 33029 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> 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 exemptions contained 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 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  | DATE 04/12/06 |