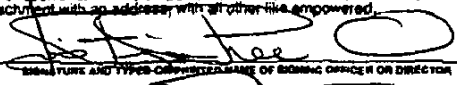


FILED

Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90034 047 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000128408			
1. Entity Name PINOS INTL, INC.			
Principal Place of Business 9427 FONTAINBLEAU BLVD #111 MIAMI, FL 33172		Mailing Address 9427 FONTAINBLEAU BLVD #111 MIAMI, FL 33172	
2. Principal Place of Business 2660 SW 37 th Ave Suite, Apt. #, etc. 611		3. Mailing Address 2660 S.W 37 th Ave Suite, Apt. #, etc. 611	
City & State Miami, FL		City & State Miami, FL	
Zip 33133	Country USA	Zip 33133	Country USA
8. Name and Address of Current Registered Agent PINEROS, LUIS F 9427 FONTAINBLEAU BLVD #111 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. 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 if applicable. (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D PINEROS, LUIS F 9427 FONTAINBLEAU BLVD MIAMI, FL 33172 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 files empowered.			
SIGNATURE: 		Date: January 19 / 2005	
PRINT NAME AND TYPED CAPSULED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	