

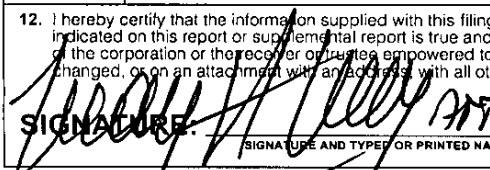


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000030133						FILED 2008 APR 30 AM 10:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA 					
1. Entity Name PI & PA 2000, INC.				Principal Place of Business 5156 NW 106TH AVENUE MIAMI, FL 33178				Mailing Address % MARK BERNSTEIN 5001 S. UNIVERSITY DR #K DAVIE, FL 33328			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				4. FEI Number 20-0786603		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State				City & State				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip		Country		Zip		Country		6. Name and Address of Current Registered Agent URDANETA, JUAN VICENTE 2655 LEJEUNE RD.#507 CORAL GABLES, FL 33134			
7. Name and Address of New Registered Agent								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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE D <input type="checkbox"/> Delete NAME CASCARANO, FRANCISCO STREET ADDRESS 5156 NW 106TH AVENUE CITY-ST-ZIP MIAMI, FL 33178						<input type="checkbox"/> Change <input type="checkbox"/> Addition 200129438232 05/14/08--01009--014 **6600.00					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 4/22/08 305 728 1319											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone _____											