

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90158 004 \*\*\*150.00

**DOCUMENT # P03000048227**

1. Entity Name  
ST. PIO INVESTMENTS, INC.



Principal Place of Business

15058 S.W. 56 ST.  
MIAMI, FL 33185

Mailing Address

15058 S.W. 56 ST.  
MIAMI, FL 33185



03062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
37-1468101

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6.-Name and Address of Current Registered Agent

PINTO, PEDRO J  
6300 S.W. 120 ST.  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
PINTO, PEDRO J  
6300 S.W. 120 ST.  
MIAMI, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVS  
PINTO, MARIA D  
6300 S.W. 56 ST.  
MIAMI, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06

Date

305 6079549

Daytime Phone #