

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90021 050 ***150.00

DOCUMENT # P03000050624 1. Entity Name PINAROS, INC					
Principal Place of Business 16374 NW 14 STREET PEMBROKE PINES, FL 33028 US			Mailing Address 16374 NW 14 STREET PEMBROKE PINES, FL 33028 US		
2. Principal Place of Business 6919 WEST BROWARD BLVD. Suite, Apt. #, etc.		3. Mailing Address 6919 WEST BROWARD BLVD. Suite, Apt. #, etc.			
City & State PLANTATION - FLORIDA Zip 33317		City & State PLANTATION - FLORIDA Zip 33317		4. FEI Number 20-0016640	
Country USA		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAVARRO, RICARDO 4815 NW 79 AVE SUITE 1 MIAMI, FL 33166				7. Name and Address of New Registered Agent Name GLORIA PINEDA Street Address (P.O. Box Number is Not Acceptable) 6919 WEST BROWARD BLVD. City PLANTATION FL Zip Code 33317	
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 <u><i>Gloria Pineda</i></u> GLORIA PINEDA DATE <u><i>3/31/2004</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME PINEDA, GLORIA		<input type="checkbox"/> Delete		
STREET ADDRESS 16374 NW 14 STREET	CITY-ST-ZIP PEMBROKE PINES, FL 33028		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME AROSTEGUI, JOSE E		<input type="checkbox"/> Delete		
STREET ADDRESS 16374 NW 14 STREET	CITY-ST-ZIP PEMBROKE PINES, FL 33028		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
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 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 like empowered.					
SIGNATURE: <u><i>Gloria Pineda</i></u> GLORIA PINEDA			DATE: <u><i>3/31/2004</i></u>		