FILED
May 26, 2004 8:00 am
Secretary of State
05-26-2004 90003 049 ***150.00

ANNUAL REPORT

DOCUMENT # P03000056225

1. Entity Name
AMERICAN PINNACLE, INC.

Principal Place of Business	Mailing Address
15841 PINES BLVD # 242 PEMBROKE PINES, FL 33027-1220	15841 PINES BLVD # 242 PEMBROKE PINES, FL 33027-1220

44045902

(P03000056225P)

05222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 56-2362164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CABANAS, STEPHANIE
15841 PINES BLVD #242
PEMBROKE PINES, FL 33027-1220

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 15967 SW 3rd Street

City Pembroke Pines FL Zip Code 33027

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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CABANAS, SERGIO 15841 PINES BLVD #242 PEMBROKE PINES, FL 330271220 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 15967 SW 3rd Street Pembroke Pines, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CABANAS, STEPHANIE 15841 PINES BLVD #242 PEMBROKE PINES, FL 330271220 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS ☒ Change ☒ Addition 15967 SW 3rd Street Pembroke Pines, FL 33027
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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

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: Sergio Cabanas, President 5/20/04 954-447-2456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #