ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90003 049 ***150.00

DOCUMENT # P03000056225

1. Entity Name
AMERICAN PINNACLE, INC.

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

Mailing Address
15841 PINES BLVD # 242
PEMBROKE PINES, FL 33027-1220

44045902

(P03000056225P)

05222004 Chg-P CR2E034 (10/03)

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
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	DP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CABANAS, SERGIO	NAME	
STREET ADDRESS	15841 PINES BLVD #242	STREET ADDRESS	15967 SW 3rd Street
CITY-ST-ZIP	PEMBROKE PINES, FL 330271220	CITY-ST-ZIP	Pembroke Pines, FL 33027
TITLE	DVT ☐ Delete	TITLE	DVTS ☒ Change ☒ Addition
NAME	CABANAS, STEPHANIE	NAME	
STREET ADDRESS	15841 PINES BLVD #242	STREET ADDRESS	15967 SW 3rd Street
CITY-ST-ZIP	PEMBROKE PINES, FL 330271220	CITY-ST-ZIP	Pembroke Pines, FL 33027
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #