2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056225

Entity Name: AMERICAN PINNACLE, INC.

FILED Apr 09, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Current Principal Place of Business: New Principal Place of Business:

3350 SW 148 AVENUE 18503 PINES BLVD., SUITE 301 SUITE 110 PEMBROKE PINES, FL 33029

MIRAMAR, FL 33027

New Mailing Address: Current Mailing Address:

15841 PINES BLVD., #242 18503 PINES BLVD., SUITE 301 PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33029

FEI Number: 56-2362164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CABANAS, STEPHANIE CABANAS, STEPHANIE 18503 PINES BLVD., SUITE 301 3350 SW 148 AVENUE PEMBROKE PINES, FL 33029 SUITE 110 US MIRAMAR, FL 33027 US

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.

SIGNATURE: 04/09/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title:

CABANAS, SERGIO CABANAS, SERGIO Name: Name: 18503 PINES BLVD., SUITE 301 Address: Address:

3350 SW 148 AVENUE, SUITE 110 City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33029

() Delete Title: VTSD Title: VTSD (X) Change () Addition Name: CABANAS, STEPHANIE Name: CABANAS, STEPHANIE

3350 SW 148 AVENUE, SUITE 110 Address: 18503 PINES BLVD., SUITE 301 Address: MIRAMAR, FL 33027 PEMBROKE PINES, FL 33029 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SERGIO CABANAS 04/09/2008 D