


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90079 045 ***150.00

DOCUMENT # P03000062337	
1. Entity Name PINZON & SONS, INC.	

Principal Place of Business 6937 NW 52 STREET MIAMI, FL 33166	Mailing Address 105 NW 132 AVE MIAMI, FL 33182
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0576947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, FLORENTINO JR
105 NW 132 AVE
MIAMI, FL 33182

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, FLORENTINO 105 NW 132 AVE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, TANIA P 105 NW 132 AVE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, MICHAEL S VP 105 NW 132 AVE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fernandez Matthew S 105 NW 132 Ave Miami FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  4/30/2007 305 323 0391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #