



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90096 043 ***150.00

DOCUMENT # P04000048362 1. Entity Name PINN YA, INC.			
Principal Place of Business 1008 INDIAN TRACE CIR #102 RIVIERA BEACH, FL 33407 US		Mailing Address 1008 INDIAN TRACE CIR #102 RIVIERA BEACH, FL 33407 US	
2. Principal Place of Business 1600 S ESTRELLA COURT Suite, Apt. #, etc. Apt. 105 City & State Palm Beach Gardens, FL Zip 33410 Country U.S.A		3. Mailing Address 1600 S Estrella Ct. Suite, Apt. #, etc. Apt. 105 City & State Palm Beach Gardens, FL Zip 33410 Country US	
			
		04022005 Chg-P CR2E034 (10/03)	
		4. FEI Number 20-0874863	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LWIN, MYINT 1008 INDIAN TRACE CIR #102 RIVIERA BEACH, FL 33407		7. Name and Address of New Registered Agent. Name Lwin, Myint Street Address (P.O. Box Number is Not Acceptable) 1600 S. Estrella Court, APT 105 City Palm Beach Gardens FL Zip Code 33410	
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>X LB. MYN</u> 4-8-5 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 LWIN, MYINT <input type="checkbox"/> Delete	TITLE	P LWIN, MYINT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1008 INDIAN TRACE CIR #102	NAME	1600 S. Estrella Court APT 105
STREET ADDRESS	RIVIERA BEACH, FL 33407	STREET ADDRESS	Palm Beach Gardens, FL 33410
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>X LB. MYN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-8-5 561-693-8303 <small>Date Daytime Phone #</small>	