

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078936

Entity Name: PINTA CORPORATION

FILED  
Apr 29, 2011  
Secretary of State

**Current Principal Place of Business:**

135 AVENIDA MENENDEZ  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

16 FAIRGREEN AVE.  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 56-2466800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONNELL, CARL C  
16 FAIRGREEN AVE.  
NEW SMYRNA BEACH, FL 32168 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CONNELL, CARL C  
Address: 135 AVENIDA MENENDEZ  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D  
Name: CONNELL, CINDY  
Address: 135 AVENIDA MENENDEZ  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D  
Name: CONNELL, DAVID  
Address: 135 AVENIDA MENENDEZ  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D  
Name: CONNELL, SYLVIA  
Address: 135 AVENIDA MENENDEZ  
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: CARL C. CONNELL

D

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date