

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117925

FILED
May 03, 2005
Secretary of State

Entity Name: MARTIN ALBERTO PINILLA II, P.A.

Current Principal Place of Business:

111 SW 30TH ROAD
MIAMI, FL 33129

New Principal Place of Business:

95 MERRICK WAY
380
CORAL GABLES, FL 33134

Current Mailing Address:

111 SW 30TH ROAD
MIAMI, FL 33129

New Mailing Address:

P.O. BOX 347121
CORAL GABLES, FL 33234

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALEGO & FUENTES PA
232 ANDALUSIA AVENUE
SUITE 202
CORAL GABLES, FL FL 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: PINILLA, MARTIN A II
Address: 111 SW 30TH ROAD
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change () Addition
Name: PINILLA, MARTIN II
Address: P.O. BOX 347121
City-St-Zip: CORAL GABLES, FL 33234

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARTIN PINILLA II

PRES

05/03/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date