2006 FOR PROFIT CORPORATION ANNUAL REPORT

03-06-2006 90015 033 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02082006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000127106

1. Entity Name
DOMINGO PINERO CORPORATION

Principal Place of Business	Mailing Address
6905 W. 7 AVE., #201 HIALEAH, FL 33014	6905 W. 7 AVE., #201 HIALEAH, FL 33014

2. Principal Place of Business	3. Mailing Address
	6905 W 7Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. APTO 201
City & State	City & State Hialeah
Zip / Country	Zip 33014 / Country FL DADE

4. FEI Number 20-1601031 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PINERO, DOMINGO M 6905 W 7TH AVE APT 201 HIALEAH, FL 33014	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINERO, DOMINGO M 6905 W 7TH AVE APT 201 HIALEAH, FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: ______ 1 Mar 10/06 786 2829535 / 305 8267746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #