


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90148 004 \*\*\*150.00

<b>DOCUMENT # P04000127106</b>	
1. Entity Name <b>DOMINGO PINERO CORPORATION</b>	

Principal Place of Business <b>6905 W. 7 AVE., APT. 201 HIALEAH, FL 33014</b>	Mailing Address <b>6905 W. 7 AVE., APT. 201 HIALEAH, FL 33014</b>
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2. Principal Place of Business - No P.O. Box # <b>8991 NW 111 Terrace</b>	3. Mailing Address <b>8991 NW 111 Terrace</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Hialeah Gardens</b>	City & State <b>Hialeah Gardens</b>
Zip <b>33018</b>	Country <b>USA</b>
Zip <b>33018</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>PINERO, DOMINGO M 6905 W 7TH AVE APT 201 HIALEAH, FL 33014</b>	
7. Name and Address of New Registered Agent Name <b>Pinero Domingo M</b> Street Address (P.O. Box Number is Not Acceptable) <b>8991 NW 111 Terrace</b> City <b>Hialeah Gardens</b> FL Zip Code <b>33018</b>	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PINERO, DOMINGO M 6905 W 7TH AVE APT 201 HIALEAH, FL 33014</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pinero, Domingo M 8991 NW 111 Terrace Hialeah Gardens FL 33018</b> <input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]* **8 Feb 2007** **786 2829535**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #