

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000127106

1. Entity Name
DOMINGO PINERO CORPORATION



Principal Place of Business
6905 W. 7 AVE., APT. 201
HIALEAH, FL 33014

Mailing Address
6905 W. 7 AVE., APT. 201
HIALEAH, FL 33014

2. Principal Place of Business - No P.O. Box #
8991 NW 111 Terrace
Suite, Apt. #, etc.

3. Mailing Address
8991 NW 111 Terrace
Suite, Apt. #, etc.

4. City & State
Hialeah Gardens
Zip 33018 Country USA

5. City & State
Hialeah Gardens
Zip 33018 Country USA

6. Name and Address of Current Registered Agent

PINERO, DOMINGO M
6905 W 7TH AVE APT 201
HIALEAH, FL 33014

7. Name and Address of New Registered Agent

Name
PINERO, DOMINGO M
Street Address (P.O. Box Number is Not Acceptable)
8991 NW 111 Terrace

City
Hialeah Gardens
FL
Zip Code
33018

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, 2007 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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PINERO, DOMINGO M 8991 NW 111 Terrace Hialeah Gardens FL 33018 | <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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

786 2829535

8 February 2007 305 826 7746

Daytime Phone #