

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2006 8:00 am
Secretary of State

04-24-2006 90457 039 ***150.00

DOCUMENT # P05000001009 1. Entity Name PINCHOS & HOT DOGS CORPORATION					
Principal Place of Business 4500 CURRY FORD RD. ORLANDO FL 32812				Mailing Address 4500 CURRY FORD RD ORLANDO FL 32812	
2. Principal Place of Business 4500 CURRY FORD RD.		3. Mailing Address 4500 CURRY FORD RD.		 1st MOORE CR2E034 (10/05)	
Suite, Apt. #, etc. <i>OK</i>		Suite, Apt. #, etc. <i>OK</i>			
City & State ORLANDO FL.		City & State ORLANDO FL.			
Zip 32812		Zip 32812			
Country ORANGE		Country ORANGE		4. FEI Number 20-2099864	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PEREA, DIEGO 4500 CURRY FORD RD ORLANDO FL 32812				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME PEREA, DIEGO			<input type="checkbox"/> Delete	
STREET ADDRESS 4500 CURRY FORD RD	CITY-ST-ZIP ORLANDO FL 32812			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>[Signature]</i>				04-01-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
05-24-06 <i>[Signature]</i>				<small>Daytime Phone #</small>	