2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 02, 2006 8:00 am
Secretary of State

04-13-2006 90306 032 ***150.00

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DOCUMENT # P05000001412

1. Entity Name
PINEDA INVESTMENTS, INC.

Principal Place of Business	Mailing Address
11941 SW 3 ST MIAMI, FL 33184	11941 SW 3 ST MIAMI, FL 33184

03222006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
663 NW 129 Ct	663 NW 129 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: Miami Fl
Zip: 33182 Country: USA	Zip: 33182 Country: USA

4. FEI Number 20-2152154 ☐ 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
PINEDA, FIDEL 11941 SW 3 ST MIAMI, FL 33184	Name Street Address (P.O. Box Number is Not Acceptable) 663 NW 129 Ct City Miami FL Zip Code 33182

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	P PINEDA, FIDEL 11941 SW 3 ST MIAMI, FL 33184 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 663 NW 129 Ct Miami, Fl 33182
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: × [signature] Fidel Pineda 4-9-06 786 246 5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #