

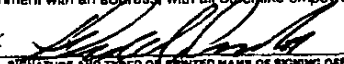
2006 FOR PROFIT CORPORATION ANNUAL REPORT

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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 11941 SW 3 ST MIAMI, FL 33184		Mailing Address 11941 SW 3 ST MIAMI, FL 33184	
2. Principal Place of Business 663 NW 129 CT Suite, Apt. #, etc.		3. Mailing Address 663 NW 129 CT Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33182		Zip 33182	
Country USA		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 PINEDA, FIDEL 11941 SW 3 ST MIAMI, FL 33184		7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature is required when reappointing)			
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	663 NW 129 CT Miami, FL 33182 ☒ Change ☐ Addition
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: 		Fidel Pineda 4-9-06 7867465537	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	