2007 FOR PROFIT CORPORATION ANNUAL REPORT

05-03-2007 90068 013 ***150.00
P05000004340

FILED
07 MAY 11 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000004340

1. Entity Name
PINEDA FAMILY TRUST CO.

Principal Place of Business	Mailing Address
958 CROSS CUT WAY LONGWOOD, FL 32750 US	958 CROSS CUT WAY LONGWOOD, FL 32750 US

05022007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3505 LAKE LYNDA DR	3505 LAKE LYNDA DR
Suite, Apt. #, etc Suite 114-A	Suite, Apt. #, etc Suite 114-A
City & State ORLANDO FL	City & State ORLANDO FL
Zip / Country 32817 USA	Zip / Country 32817 USA

4. FEI Number
20-2133823
☐ 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, JONATHAN A 958 CROSS CUT WAY LONGWOOD, FL 32750	Name Street Address (P.O. Box Number is Not Acceptable): 458 GRANITE CIRCLE City: CHULUOTA FL Zip Code: 32817

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] JONATHAN A PINEDA 5.2.07
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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PINEDA, JONATHAN A 958 CROSS CUT WAY LONGWOOD, FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3505 LAKE LYNDA DR STE 114-A ORLANDO FL 32817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] JONATHAN A PINEDA 5-2-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #