



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000102511			
1. Entity Name PINVEST PROPERTIES INC.			
Principal Place of Business 404 QUAIL MEADOW CT. DEBARY, FL 32713	Mailing Address 404 QUAIL MEADOW CT. DEBARY, FL 32713		
DO NOT WRITE IN THIS SPACE			
		03122007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 26-0122316	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PINEDA, JAVIER A 404 QUAIL MEADOW CT DEBARY, FL 32713		DO NOT WRITE IN THIS SPACE	
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)</small>		U00000671885 03/28/07-28547-005 163.75	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. PINEDA, JAVIER A 404 QUAIL MEADOW CT. DEBARY, FL 32713		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PINEDA, MARLENY 404 QUAIL MEADOW CT. DEBARY, FL 32713		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u><i>Javier A. Pineda</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>March 13/2007</u> <small>Daytime Phone #</small>	

11-381-0510/25