

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90129 006 ***150.00

DOCUMENT # P05000113048
1. Entity Name
PINNOCHIO ADVENTURES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2501 S OCEAN DR #1530		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL		City & State	
Zip 33019	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

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		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name EMELY, SORRENTINO Street Address (P.O. Box Number is Not Acceptable) 2501 S OCEAN DR #1530 City HOLLYWOOD, FL FL Zip Code 33019	

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 <i>Emily Sorrentino, President</i>	DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EMELY, SORRENTINO 2501 S OCEAN DR #1530 HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Emily Sorrentino *Emily J Sorrentino, President 3/15/06 (954) 551-7182*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #