
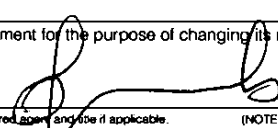
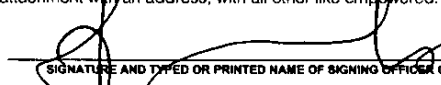


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90005 027 ***150.00

DOCUMENT # P05000151165 1. Entity Name PISOL CORP			
Principal Place of Business 6250 WILES RD 1-303 CORAL SPRINGS, FL 33067 US		Mailing Address 6250 WILES RD 1-303 CORAL SPRINGS, FL 33067 US	
2. Principal Place of Business - No P.O. Box # 8972 SW 8 Street		3. Mailing Address 8972 SW 8 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton, FL.		City & State Boca Raton, FL.	
Zip 33433	Country USA	Zip 33433	Country USA
4. FEI Number 42-1684289		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINTO, JORGE 6250 WILES RD 1-303 CORAL SPRINGS, FL 33067		7. Name and Address of New Registered Agent Name Jorge Pinto Street Address (P.O. Box Number is Not Acceptable) 8972 SW 8 Street City Boca Raton FL Zip Code 33433	
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 Jorge Pinto  DATE _____ <small>Signature, block or printed name of registered agent, and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PINTO, JORGE 6250 WILES RD, 1-303 CORAL SPRINGS, FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8972 SW 8 Street Boca Raton, FL. 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date _____ Daytime Phone # (954) 553-0374	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jorge Pinto, President			