

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90027 034 ***150.00

DOCUMENT # P05000155247					
1. Entity Name ADVANCE PINTO MAINTENANCE INC					
Principal Place of Business 100 SW 91 ST AVE 306 PLANTATION, FL 33324			Mailing Address 100 SW 91 ST AVE 306 PLANTATION, FL 33324		
2. Principal Place of Business - No P.O. Box # 81 SW 91 AVE # 102		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Plantation		City & State		4. FEI Number 20-3845928	
Zip 33324		Country Brazil		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINTO, DRACO 100 SW 91 ST AVE 306 PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name: Pinto Draco Street Address (P.O. Box Number is Not Acceptable): 81 SW 91 AVE # 102 City: Plantation FL Zip Code: 33324			
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>[Signature]</i> DATE: 3/14/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <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, DRACO 100 SW 91 ST AVE SUITE 306 PLANTATION, FL 33324		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pinto Draco 81 SW 91 AVE # 102 Plantation FL 33324	
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	
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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: <i>[Signature]</i> DATE: 3/14/07					