


FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90194 024 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000006005			
1. Entity Name PIO PIO, CORP			
Principal Place of Business 16141 130 WAY NORTH JUPITER, FL 33478		Mailing Address 16141 130 WAY NORTH JUPITER, FL 33478	
2. Principal Place of Business - No P.O. Box # 9260 Indiantown Rd. Suite, Apt. #, etc. B-10 City & State Jupiter Farms Zip 33478 Country		3. Mailing Address 9260 Indiantown Rd. Suite, Apt. #, etc. B-10 City & State Jupiter Zip 33478 Country	
		03222007 Chg-P CR2E034 (12/06)	
		4. FEI Number 20-4132238 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 REATEGUI, JORGE 16141 130 WAY NORTH JUPITER, FL 33478		7. Name and Address of New Registered Agent Name RAUL GONZALEZ SANCHEZ Street Address (P.O. Box Number is Not Acceptable) 9260 INDIANTOWN RD B10 City JUPITER FL Zip Code 33478	
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 <u>Raul Gonzalez</u> <u>RAUL GONZALEZ SANCHEZ</u> 3/22/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
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 REATEGUI, JORGE 16141 130 WAY NORTH JUPITER, FL 33478 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAUL GONZALEZ SANCHEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1006 Cheyenne St X Jupiter FL 33450
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
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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: <u>Raul Gonzalez</u> (561) 748-3571		3/22/07 (561) 745-9327	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	