

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90073 012 ***150.00

DOCUMENT # **P06000039253**



1. Entity Name
PINAR SERVICES CORP.

Principal Place of Business
**19800 SW 243 TERRACE
 HOMESTEAD FL 33031**

Mailing Address
**19800 SW 243 TERRACE
 HOMESTEAD FL 33031**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number
20-4524111

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEITAS, RUDIO
 19800 SW 243 TERRACE
 HOMESTEAD FL 33031**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| NAME | STREET ADDRESS | CITY ST ZIP | <input type="checkbox"/> Delete |
|------------------------------|-----------------------------|---------------------------|---------------------------------|
| PD FLEITAS, RUDIO | 19800 SW 243 TERRACE | HOMESTEAD FL 33031 | <input type="checkbox"/> |
| NAME | STREET ADDRESS | CITY ST ZIP | <input type="checkbox"/> Delete |
| NAME | STREET ADDRESS | CITY ST ZIP | <input type="checkbox"/> Delete |
| NAME | STREET ADDRESS | CITY ST ZIP | <input type="checkbox"/> Delete |
| NAME | STREET ADDRESS | CITY ST ZIP | <input type="checkbox"/> Delete |
| NAME | STREET ADDRESS | CITY ST ZIP | <input type="checkbox"/> Delete |

| NAME | STREET ADDRESS | CITY ST ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|------|----------------|-------------|---------------------------------|-----------------------------------|
| NAME | STREET ADDRESS | CITY ST ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | STREET ADDRESS | CITY ST ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | STREET ADDRESS | CITY ST ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | STREET ADDRESS | CITY ST ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | STREET ADDRESS | CITY ST ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/07 (305) 996-0029
Date Daytime Phone #