

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

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| DOCUMENT # P06000071615 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Entity Name JORGE L. PINON P.A. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 3780 W FLAGLER STREET MIAMI, FL 33134 | | | Mailing Address 3780 W FLAGLER STREET MIAMI, FL 33134 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 9260 Sunset Drive Suite, Apt. #, etc. #118 City & State Miami, Florida Zip 33173 Country USA | | 3. Mailing Address 9260 Sunset Drive Suite, Apt. #, etc. #118 City & State Miami, Fla. Zip 33173 Country USA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 20-4972059 | | | | 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 PINON, JORGE L 3780 WEST FLAGLER STREET MIAMI, FL 33134 | | | 7. Name and Address of New Registered Agent 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: DATE: 4/29/07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Daytime Phone # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |