
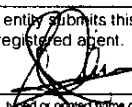
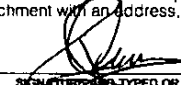


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-02-2007 90112 033 \*\*\*150.00

DOCUMENT # P0600071615			
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		3. Mailing Address 9260 Sunset Drive	
Suite, Apt. #, etc. #118		Suite, Apt. #, etc. #118	
City & State Miami, Florida		City & State Miami, Fla.	
Zip 33173	Country USA	Zip 33173	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PINON, JORGE L 3780 WEST FLAGLER STREET MIAMI, FL 33134		Name 9260 Sunset Drive #118 Miami, Fla. 33173	
		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	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
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 P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PINON, JORGE L		NAME	
STREET ADDRESS 3780 WEST FLAGLER STREET	9260 Sunset Drive #118	STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33134	Miami, Fla 33173	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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	
SIGNATURE, typed or printed name of signing officer or director		Daytime Phone #	