## **2007 FOR PROFIT CORPORATION**

## Mar 22, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P06000072374** 03-22-2007 90002 012 \*\*\*150.00 1. Entity Name PINEYRO INVESTMENTS, INC. Principal Place of Business Mailing Address 40039465 1325 W 4 LANE 1325 W 4 LANE HIALEAH, FL 33010 HIALEAH, FL 33010 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 CR2E034 (12/06) City & State City & State L'Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PINEYRO, NERY Street Address (P.O. Box Number is Not Acceptable) 1325 W 4 LANE HIALEAH, FL 33010 City 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. Lam familiar with, and accept (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change TITLE ■ Addition NAME PINEYRO, NERY NAME STREET ADDRESS 1325 W 4 LANE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all play like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADORESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

☐ Delete

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**FILED** 

☐ Addition

☐ Change