


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90229 002 ***150.00

DOCUMENT # P06000084331 1. Entity Name PINA PRESSURE CLEAN, INC.					
Principal Place of Business 6453 CATALINA LANE TAMARAC, FL 33321			Mailing Address 6453 CATALINA LANE TAMARAC, FL 33321		
2. Principal Place of Business - No P.O. Box # 6415 CATALINA LANE		3. Mailing Address 6415 CATALINA LANE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 20-5086000	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINA-HERNANDEZ, HECTOR J 6453 CATALINA LANE TAMARAC, FL 33321				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6415 CATALINA LANE 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 <u><i>Hector Pina</i></u> HECTOR PINA-HERNANDEZ, PRES. 3/1/08 <small>Signature, typed or printed name of registered agent (not applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 PINA-HERNANDEZ, HECTOR J 6453 CATALINA LANE TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6415 CATALINA LANE		
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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: <u><i>Hector Pina</i></u> HECTOR J. PINA-HERNANDEZ, PRES 3/1/08 (954) 803-2843 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #</small>					

40090130



03012008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
6415 CATALINA LANE
 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 *Hector Pina* **HECTOR PINA-HERNANDEZ, PRES.** **3/1/08**
Signature, typed or printed name of registered agent (not applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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