


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90036 001 ***150.00
02-21-2008 90036 002 *****8.75

DOCUMENT # P06000106569 1. Entity Name CINPRO, INC.	
---	---

Principal Place of Business 1133 HIDDEN VALLEY WAY WESTON, FL 33327 US	Mailing Address 1133 HIDDEN VALLEY WAY WESTON, FL 33327 US
--	--

DO NOT WRITE IN THIS SPACE

66001427



01062008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5380832	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent MARRERO, JOSE C. 1820 NORTH CORPORATE LAKES BLVD SUITE# 105 WESTON, FL 33326
--

**DO NOT WRITE
IN THIS SPACE**

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERILLA, GERMAN 1133 HIDDEN VALLEY WAY WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERILLA, GERMAN 1133 HIDDEN VALLEY WAY WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERILLA, MARCELA 1133 HIDDEN VALLEY WAY WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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>German Perilla</u> - GERMAN PERILLA 2/10/08 (954)384-4532 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>