

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P15927

FILED
Feb 01, 2006
Secretary of State**Entity Name:** PINCIA INVESTMENTS CORPORATION**Current Principal Place of Business:**151 CRANDON BLVD
528
KEY BISCAYNE, FL 33149 US**New Principal Place of Business:****Current Mailing Address:**151 CRANDON BLVD
#528
KEY BISCAYNE, FL 33149 US**New Mailing Address:****FEI Number:** 65-0142318**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HERNANDEZ, MARIA E
151 CRANDON BLVD
#528
KEY BISCAYNE, FL 33149 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: HERNANDEZ, MARIA E
Address: CALLE LA LOMA, QTA MARIA-LUIS
City-St-Zip: CARACAS, VENEZUELA, NA 1080

Title: VD () Delete
Name: SADER, MARYEM
Address: CALLE LA LOMA, QTA MARIA-LUIS
City-St-Zip: CARACAS, VENEZUELA, NA 1080

Title: VD () Delete
Name: DEL JUNCAL, MARIA
Address: CALLE LA LOMA, QTA MARIA-LUIS
City-St-Zip: CARACAS, VENEZUELA, NA 1080

Title: TD () Delete
Name: SADER, JORGE
Address: CALLE LA LOMA, QTA MARIA-LUIS
City-St-Zip: CARACAS, VENEZUELA, NA 1080

Title: VD () Delete
Name: SADER, MONICA
Address: CALLE LA LOMA, QTA MARIA-LUIS
City-St-Zip: CARACAS, VENEZUELA, NA 1080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SADER, ALONSO
Address: CALLE LA LOMA, QTA MARIA-LUIS
City-St-Zip: CARACAS, VENEZUELA, NA 1080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA HERNANDEZ

MS.

02/01/2006

Electronic Signature of Signing Officer or Director

Date