2004 FOR PROFIT CORPORATION

Apr 14, 2004 8:00 am Secretary of State *****ANNUAL REPORT (AR)** DOCUMENT # P93000032380 04-14-2004 90076 039 ***150.00 FEDERAL PIONEER CORPORATION Principal Place of Business Mailing Address 469 NE 207TH LANE PO BOX 695099 NORTH MIAMI FL 33269 **UNIT 105** N MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-1009387 ■ 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 Name. JIMENEZ, PEDRO E Street Address (P.O. Box Number is Not Acceptable) **469 NE 207TH LANE UNIT 105** MIAMI FL 33179 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDSD TITLE ☐ Delete TITLE Change ☐ Addition JIMENEZ, PEDRO NAME NAME 469 NE 207TH LANE #105 STREET ADDRESS STREET ADDRESS MIAMI FL 33179 CITY-ST-ZIP City-St-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

STREET ADDRESS

CITY-ST-7tP

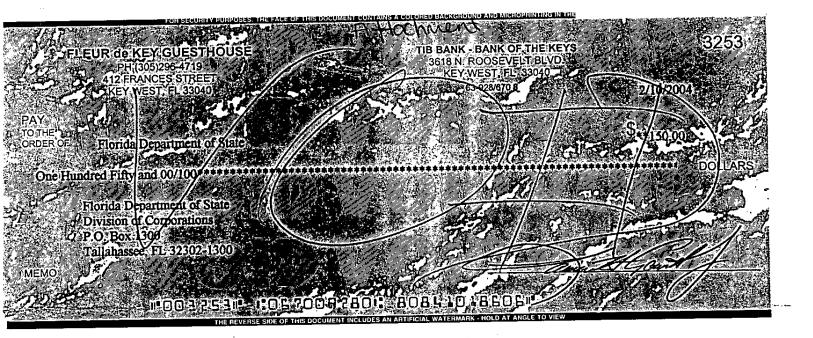
SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



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Pedro Chimenez

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 16, 2004

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FEDERAL PIONEER CORPORATION PO BOX 695099 NORTH MIAMI, FL 33269 US

SUBJECT: FEDERAL PIONEER CORPORATION Ref. Number P93000032380

We have received your document for FEDERAL PIONEER CORPORATION and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The annual report/uniform business report/reinstatement application must be signed by an officer or director of the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 104A00010428