


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90144 040 \*\*\*150.00

DOCUMENT # P93000085094		
1. Entity Name AMERICAN PINCON, INC.		

Principal Place of Business %200 S BISCAYNE BLD # 3000 2350 MIAMI, FL 33131 US	Mailing Address 200 S BISCAYNE BLD # 3000 2350 MIAMI, FL 33131 US
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50047111



2. Principal Place of Business Suite, Apt. #, etc. SUITE 3000	3. Mailing Address Suite, Apt. #, etc. SUITE 3000
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03162005 Chg-P CR2E034 (10/03)

City & State	City & State
Zip Country	Zip Country

4. FEI Number 65-0461373	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SLOTO, JAMES R ESQ MISHAN SLOTO, GREENBERG & HELLINGER 200 S BISCAYNE BLVD, STE 2350 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name JAMES R - SLOTO, ESQ Street Address (P.O. Box Number is Not Acceptable) SLOTO & ASSOCIATES, P.L. 200 S. BISCAYNE BLVD. # 3000 City MIAMI I FL Zip Code 33131	
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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 	DATE 4-29-05
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS AUSZENKER, JOSEFA E 2600 DOUGLAS ROAD, SUITE 501 CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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