

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90034 048 ***150.00

DOCUMENT # P94000067470					
1. Entity Name PINA & ASSOCIATES, INC.					
Principal Place of Business 3250 MARY ST STE 208 COCONUT GROVE, FL 33133 US			Mailing Address PO BOX 56-0848 MIAMI, FL 33256-0848 US		
2. Principal Place of Business - No P.O. Box # 4000 Ponce De Leon Blvd.			3. Mailing Address		
Suite, Apt. #, etc. 470			Suite, Apt. #, etc.		
City & State Coral Gables, FL			City & State		
Zip 33146		Country U.S.A.		Zip	
Country U.S.A.		Zip		Country	
4. FEI Number 65-0523282				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PINA, OSCAR 3250 MARY ST. STE 208 COCONUT GROVE, FL 33133			Name Street Address (P.O. Box Number is Not Acceptable) 4000 Ponce De Leon Blvd. Suite #470 City Coral Gables FL Zip Code 33146		
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 re-registering)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 30%;"> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DPS	NAME PINA, OSCAR		<input type="checkbox"/> Delete		
STREET ADDRESS 3250 MARY ST. STE 208	CITY-STATE-ZIP COCONUT GROVE, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME	STREET ADDRESS CITY-STATE-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 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3/15/08 Daytime Phone # (305) 444-2311					