

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000027440

1. Entity Name  
CLAUDIA REAM PINEDO, RPR, P.A.



Principal Place of Business  
14551 S.W. 103RD STREET  
MIAMI, FL 33186 US

Mailing Address  
14551 S.W. 103RD STREET  
MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**

**FILED  
Apr 12, 2006 08:00 AM  
Secretary of State**



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0572447</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

PINEDO, CLAUDIA R  
14551 S.W. 103RD STREET  
MIAMI, FL 33186

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PINEDO, CLAUDIA R
STREET ADDRESS	14551 S.W. 103RD STREET
CITY-ST-ZIP	MIAMI, FL 33186

UD00000503579  
04/26/06-80035-021 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Claudia Ream Pinedo* 47-06 305-380-7614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #