

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90005 007 ***158.75

DOCUMENT # P97000072515

1. Entity Name
THE PINO GROUP, INC.



4010400

Principal Place of Business Mailing Address
7032 PINES BLVD 7932 PINES BLVD
PEMBROKE PINES, FL 33024 US PEMBROKE PINES, FL 33024 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
8377 PINES BLVD 8377 PINES BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PEMBROKE PINES FL PEMBROKE PINES FL
Zip Country Zip Country
33024 USA 33024 USA

04292008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0814032 Not Applicable

5. Certificate of Status Desired X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MESA, ANTOIN
7932 PINES BLVD
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MESA, ANTOIN	
STREET ADDRESS	7932 PINES BLVD	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, BEATRIZ	
STREET ADDRESS	7932 PINES BLVD	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

4-29-08 954-609-8416
Date Daytime Phone #