2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000076208

1. Entity Name
JUAN CARLOS PINERA, INC.

Principal Place of Business	Mailing Address
5234 SW 134 CT MIAMI, FL 33175	5234 SW 134 CT MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

03022006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0781167	Applied For Not Applicable

5. Certificate of Status Desired ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ-PINERA, ANELYS
5234 SW 134 CT
MIAMI, FL 33175

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 reinstating)   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	PD
NAME	PINERA, JUAN CARLOS
STREET ADDRESS	5234 SW 134 CT
CITY-ST-ZIP	MIAMI, FL 33175

TITLE	STD
NAME	RAMIREZ-PINERA, ANELYS
STREET ADDRESS	5234 SW 134 CT
CITY-ST-ZIP	MIAMI, FL 33175

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

03/24/06 80003-009 158.75

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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: _____   3/8/06   (305) 229-4203

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