2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 08:00 AM

1. Entity Nam	MENT # P990000 OR DE PINO, INC.			Secretary of State					
Principal Place of Business 1713 W. FLAGLER STREET MIAMI, FL 33135		Mailing Address 1713 W. FLAGLER ST MIAMI, FL 33135	1713 W. FLAGLER STREET		2 7 M W () E 22 1 (و بمارات بمارات معارات ماران می	ili Parus Erius	Nova (Blat Nice)	\$\$\$1 00 7 22 1 00 7
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04222004	Chg-P	CR2E	034 (10/03)	,
City & State		City & State	City & State		4. FEI Number 65-092				pplied For lot Applicable
Zip	Country	Zip	Country			of Status Desired	×	\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent					7. Name and	Address of New F	legistered	Agent	
DIAZ DAD	NO.B		Name						
DIAZ, PAE 1713 WFL MIAMI, FL	AGER ST		Street Addr		(P.C. Box Numb	er is Not Acceptable	e)		
				City			FI	Zip Coc	de
<u> </u>		 						-	
	named entity submits this stateme tions of registered agent.	nt for the purpose of changing it	is registere	ed office or registe	red agent, or bo	th, in the State of Fk	orida. I am	familiar with,	, and accept
the annihilation of the Billion and addition									
SIGNATURE									
Signature, typed or privated name of regretated agent and title if applicable. (NOTE: Registered Agent agent agent are required when reinstating)									
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$5:			~ _ ++	.00 May Be ded to Fees				;
10.	OFFICERS A	AND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTOR	3S IN 11
THILE	PSD	☐ Delete	TITLE					☐ Change	Addition
NAME	DIAZ, PABLO B		NAM			HOGOO	~ * * *	va	
STREET ADDRESS	1713 W FLAGER ST			ET ADDRESS		U00001 05/03/04	71422F	14 1 005 11	
CITY-ST-ZIP	MIAMI, FL 33135		CITY	-ST-ZIP		<u> </u>	<u>-8005</u>	<u>i-UUS 1:</u>	56. (5
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CITY-ST-ZP				-ST-ZIP					
TUTLE		☐ Delete	TITLE					☐ Change	Addition
NAME		Deserv	MAM					- overvite	,,,ooia,
STREET ADDRESS			STRO	ET ADDRESS					
CITY-ST-ZIP			CATY-	-ST-ZIP					
TITLE		Defete	TATLE					☐ Change	Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS					
				-ST-ZIP					
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CTY-ST-ZP				-ST-ZIP					
nre		☐ Oelele	nne					☐ Change	☐ Addition
HALLE		La Ociale	NAM	1				T countre	C VOCABLE
STREET ADDRESS			•	FT AODRESS					
CTTY-ST-ZIP				-ST-ZIP					
12. I hereby o	certify that the information supplied	with this filing does not qualify for	or the exec	mption stated in S	ection 119.07(3)/	i), Florida Statutes	further ce	rtify that the i	nformation
indicated of the cor changed	certify that the information supplied on this report or supplemental report poration or that receiver at trustees or on an attachinent with an addra	ort is true and accurate and that impowered to execute this repores, with all other like empowered	my signat it as requir d.	ture shall have the red by Chapter 60	same legal effec 7, Florida Statute	it as if made under its; and that my nam	oath; that i e appears	am an officer in Block 10 o	r or director or Block 11 if

SIGNATURE:

PABLOB. DIAZ 04-23-04