


FILED
Jul 17, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # S32267
 1. Entity Name
JOSE RAMON PINERO-PRIETO, INC.



Principal Place of Business 7150 W. 20TH AVE STE 609 HIALEAH, FL 33016	Mailing Address 7150 W. 20TH AVE STE 609 HIALEAH, FL 33016
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07112007 No Chg-P CR2EG34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0253816	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PINERO, JOSE R
 7150 W. 20TH AVE
 SUITE 609
 HIALEAH, FL 33016**

**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 re-electing) DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINERO, JOSE 5768 SW 94 ST MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 07/17/07-80007-015 150.00

**DO NOT WRITE
 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 included 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:  **1 7/12/07** **1(305) 557-9300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #