

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000025574

**Entity Name:** PINILLO CARE SOLUTION CORP

**Current Principal Place of Business:**

18111 NW 68 AVE  
APT G203  
HIALEAH, FL 33015

**FILED**  
**Apr 08, 2024**  
**Secretary of State**  
**5775260490CC**

**Current Mailing Address:**

18111 NW 68 AVE  
APT G203  
HIALEAH, FL 33015 US

**FEI Number:** 82-1114113

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

QUINCOSES, LIAN  
18111 NW 68 AVE  
APT G203  
HIALEAH, FL 33015 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name QUINCOSES, LIAN  
Address 18111 NW 68 AVE  
APT G203  
City-State-Zip: HIALEAH FL 33015

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LIAN QUINCOSES

**PRESIDENT**

**04/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date