

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000079954

**Entity Name:** E-PIN SOLUTIONS CORP.

**Current Principal Place of Business:**

3470 NW 82ND AVE  
SUITE 770  
DORAL, FL 33132

**FILED**  
**Apr 10, 2024**  
**Secretary of State**  
**1889890829CC**

**Current Mailing Address:**

3470 NW 82ND AVE  
SUITE 770  
DORAL, FL 33132 US

**FEI Number:** 20-3553841

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            ALBORNETT, MAXIMO  
Address        3470 NW 82ND AVE  
                 SUITE 770  
City-State-Zip: DORAL FL 33132

Title            TREASURER  
Name            ALBORNETT, MAXIMO  
Address        3470 NW 82ND AVE  
                 SUITE 770  
City-State-Zip: DORAL FL 33132

Title            SECRETARY  
Name            ALBORNETT, MAXIMO  
Address        3470 NW 82ND AVE  
                 SUITE 770  
City-State-Zip: DORAL FL 33132

Title            DIRECTOR  
Name            ALBORNETT, MAXIMO  
Address        3470 NW 82ND AVE  
                 SUITE 770  
City-State-Zip: DORAL FL 33132

*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: MAXIMO ALBORNETT**

**DIRECTOR**

**04/10/2024**

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

\_\_\_\_\_  
Date