# 2024 Form 1 - Statement of Financial Interests

**Filed with COE: 08/04/2025**

## General Information

Name: Mr Rafael Pineyro

**PID 298798**

**AGENCY INFORMATION**

| Organization | Suborganization | Title |
|---|---|---|
| Doral, City of | City Council | Councilmember |

## Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

## Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

| Name of Source of Income | Source's Address | Description of the Source's Principal Business Activity |
|---|---|---|
| PINEYRO ENTERPRISE INC | 7950 NW 53 STREET, #337, DORAL, FL 33166 | MANAGEMENT CONSULTING |
| CITY OF DORAL | 8401 NW 53 TERRACE, DORAL, FL 33166 | COUNCIL MEMBER |

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## Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

| Name of Business Entity | Name of Major Sources of Business' Income | Address of Source | Principal Business Activity of Source |
|---|---|---|---|
| N/A | | | |

## Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

| Location/Description |
|---|
| **N/A** |

## Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

| Type of Intangible | Business Entity to Which the Property Relates |
|---|---|
| CHECKING ACCOUNT-BANK OZARK | 2495 NW 82 AVENUE, DORAL, FL 33122 |
| RETIREMENT ACCOUNT-CITY OF DORAL | 8401 NW 53 TERRACE, DORAL, FL 33166 |
| 100% COMMON STOCK | PINEYRO ENTERPRISE INC, 7950 NW 53 STREET, #337, DORAL, FL 33166 |
| AUTOMOBILE-LEASED | 2024 VOLVO S60 |
| AUTOMOBILE-LEASED | 2024 VOLVO XC90 |

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## Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

| Name of Creditor | Address of Creditor |
|---|---|
| AUTOMOBILE LEASE-VOLVO FINANCIAL SERVICES | PO BOX 91300, MOBILE, AL 36691 |
| AUTOMOBILE LEASE-VOLVO FINANCIAL SERVICES | PO BOX 91300, MOBILE, AL 36691 |

## Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

| Business Entity # 1 |
|---|
| N/A |

## Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☐ I certify that I have completed the required training under Section 112.3142, F.S.

☑ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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## CPA/Attorney Signature Only

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, **Jose A Riesco CPA** prepared the CE Form 1 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

***Jose A Riesco CPA***

Digitally signed: **08/03/2025**

## Signature of Filer

***Rafael Pineyro***

Digitally signed: **08/04/2025**

**Filed with COE: 08/04/2025**