


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # J59123
 1. Entity Name
 PINE KEY OF MADEIRA, INC.



Principal Place of Business Mailing Address
 6228-9TH AVENUE, NORTH 6228-9TH AVENUE, NORTH
 ST. PETERSBURG, FL 33710 ST. PETERSBURG, FL 33710



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-2774201 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AREND, BASIL J.
 6228 - 9TH AVENUE, NORTH
 ST. PETERSBURG, FL 33710

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000126735
 04/23/04-80046-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	AREND, BASIL J.
STREET ADDRESS	6228-9TH AVENUE, N.
CITY - ST - ZIP	ST. PETERSBURG, FL
TITLE	S
NAME	AREND, EMMA J.
STREET ADDRESS	6228 9TH AVE. N.
CITY - ST - ZIP	ST. PETERSBURG, FL
TITLE	VP
NAME	AREND, CHRISTOPHER J
STREET ADDRESS	6228 9TH AVE N
CITY - ST - ZIP	ST PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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: Basil J. Arend Basil J. Arend Date 4/17/04 Daytime Phone # 727-381-7626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR