


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N16990
1. Entity Name
PINES PALM OFFICE PARK, INC.



Principal Place of Business Mailing Address
3325 S UNIVERSITY DRIVE 3325 S UNIVERSITY DRIVE
SUITE 210 SUITE 210
DAVIE, FL 33328-2020 US DAVIE, FL 33328-2020 US



DO NOT WRITE IN THIS SPACE

04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-2604858 Not Applicable

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

6. Name and Address of Current Registered Agent
ROSS REALTY INVESTMENTS, INC.
3325 SOUTH UNIVERSITY DRIVE, 2ND FLOOR
DAVIE, FL 33328-2020

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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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	KUSTTNER, BEN DR
STREET ADDRESS	10031 PINES BLVD # 101
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	PD
NAME	STRAUS, SKIP
STREET ADDRESS	10081 C PINES BLVD
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	VD
NAME	SANCHEZ, RAY
STREET ADDRESS	10071 PINES BLVD #102
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000343812
04/29/05-80113-005 61.25

**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)(f), 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 617, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #