


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N16990 1. Entity Name PINES PALM OFFICE PARK, INC.		
Principal Place of Business 3325 S UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328-2020 US	Mailing Address 3325 S UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328-2020 US	



01102008 No Chg-NP GR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2604858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____ (NOTE: Registered Agent signature required when reinstating)
 _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

UN00000914160
 02/13/08-80033-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KUSHNER, BENN DR. 10031 PINES BLVD # 101 PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAUS, SKIP 10081 C PINES BLVD PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANCHEZ, RAY 10071 PINES BLVD #102 PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: BR Barry Ross, Agent 1-15-08 954-492-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #