


2008 FOR PROFIT CORPORATION ANNUAL REPORT

03-05-2008 90027 023 ***150.00
P07000113939

FILED
08 JUL 23 PM 2: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000113939 1. Entity Name BODY DETAILS - PINE CREST, INC.			
Principal Place of Business 3309 PONCE DE LEON BLVD CORAL GABLES, FL 33134		Mailing Address 3309 PONCE DE LEON BLVD CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01182008 Chg-P CR2E034 (12/06)	
		4. FEI Number 26-1244445	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent SORRENTINO, CLAUDIO V 5510 PACIFIC BLVD #118 BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SORRENTINO, CLAUDIO V	NAME	
STREET ADDRESS	5510 PACIFIC BLVD #118	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33433	CITY - ST - ZIP	
TITLE	VP	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BALLEJO, BRYAN	NAME	
STREET ADDRESS	3691 TURTLE RUN BLVD #437	STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS, FL 33067	CITY - ST - ZIP	
TITLE	T	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	KORNFELD, RUBEN	NAME	
STREET ADDRESS	607 GLASMERE ROAD	STREET ADDRESS	
CITY - ST - ZIP	MAHWAH, NJ 07430	CITY - ST - ZIP	
TITLE	S	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SORRENTINO, NANDO	NAME	
STREET ADDRESS	3180 S OCEAN DRIVE #1009	STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE, FL 33009	CITY - ST - ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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 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: _____		Date _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone # _____</small>	

JC 7/23