


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P98000042334
 1. Entity Name
 PINE SERVICES, INC.



Principal Place of Business
 1001 BRICKELL BAY DR.
 STE #1910
 MIAMI, FL 33131

Mailing Address
 1001 BRICKELL BAY DR.
 STE #1910
 MIAMI, FL 33131



04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0854779

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A
 520 BRICKELL KEY DRIVE 0-305
 MIAMI, FL 33131

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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 the if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PINHEIRO, NELSON 1001 BRICKELL BAY DR., LOBBY LEVEL MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD PINHEIRO, NOBERTO N 1001 BRICKELL BAY DR., LOBBY LEVEL MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PINHEIRO, MARCIA 1001 BRICKELL BAY DR. LOBBY LEVEL MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODRIGUES, MARIA D 1001 BRICKELL BAY DR. LOBBY LEVEL MIAMI, FL 33131
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 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: *M Rodriguez* 4/05/05 (305) 810-1254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #