2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007571

Name:

Address:

City-St-Zip:

SCHWARTZ, GARY

971 WINDWARD WAY

WESTON, FL 33327

FILED Mar 26, 2007 Secretary of State

Entity Nai	me: PINES V	VEST CAMERA	A CLUB, INC				
Current Principal Place of Business:				New Principal Place of Business:			
2010 NW	RLD OFFICE 150TH KE PINES, FL						
Current Mailing Address:				New Mailing Address:			
521 N 70T HOLLYWO	H WAY OOD, FL 3302	24					
FEI Number:	: 20-2466858	FEI Number A	Applied For ()	El Number Not Appli	cable ()	Certificate of Status D	esired()
Name and	Address of	Current Regis	tered Agent:	Name and Address of New Registered Agent:			
FREDERIO 13901 SW DAVIE, FL		6					
The above in the State	named entity of Florida.	submits this st	atement for the purp	oose of changing it	s registered	office or registered ag	ent, or both,
SIGNATU							
	Electro	onic Signature o	f Registered Agent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (FEREDERICH 13901 SW 22 DAVIE, FL 33	PL		Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (KLENETSKY, 9350 NW 18 I PLANTATION,	OR		Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC (DAY, DANIEL 521 N. 70 WA HOLLYWOOD			Title: Name: Address: City-St-Zip:	MOURRA, CA 19407 NW 13		
Title: Name: Address: City-St-Zip:	T (WALTER, ANI 17766 SW 23 MIRAMAR, FL	ST		Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title:	VP () Delete		Title:	() Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JUDITH FREDERICH Ρ 03/26/2007