

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90014 041 \*\*\*150.00

**DOCUMENT # 217381**

1. Entity Name

PINE BROOK ESTATES, INC



Principal Place of Business

9200 BAY HARBOR TERRACE  
APT. #3D  
MIAMI FL 33154

Mailing Address

C/O LOWELL STEIGLER  
9200 BAY HARBOR TERRACE, APT. #3-D  
BAY HARBOR ISLANDS FL 33154



*Bay Harbor Islands, FL 33154*

2. Principal Place of Business

*PINE BROOK ESTATES INC*

3. Mailing Address

1st MOORE

CR2E034 (10/05)

*Lowell Steigler*  
*9200 Bay Harbor Terrace*  
*Apt. #3-D*

*Bay Harbor Islands, FL 33154*

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-1710397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEIGLER, LOWELL  
9200 BAY HARBOR TERRACE  
APT. #3-D  
MIAMI FL 33154

*CORRECT ADDRESS*

7. Name and Address of New Registered Agent

*Lowell Steigler*  
*9200 Bay Harbor Terrace*  
*Apt. #3-D*

*Bay Harbor Islands, FL 33154*

*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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete  
NAME STEIGLER, LOWELL  
STREET ADDRESS 9200 BAY HARBOR TER., APT#3-D  
CITY-ST-ZIP MIAMI FL 33154 *→ Bay Harbor Islands, FL 33154*

TITLE VD ☐ Delete  
NAME STEIGLER, LOWELL  
STREET ADDRESS 9200 BAY HARBOR TER., APT#3-D  
CITY-ST-ZIP MIAMI FL 33154 *→ Bay Harbor Islands, FL 33154*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lowell Steigler* (LOWELL STEIGLER) 2/08/06 (305)861-1248