

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723829

FILED
Apr 29, 2009
Secretary of State

Entity Name: PINE WOODS, INC.

Current Principal Place of Business:

8420 S.W. 188TH TERR.
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

8420 S.W. 188TH TERR.
MIAMI, FL 33157

New Mailing Address:

FEI Number: 59-1428802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REED, STELLA K
8700 SW 190 ST
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VOLLRATH, DIANE
Address: 8420 SW 188 TERR
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: GLIENKE, HERMAN
Address: 8420 SW 188 TERRACE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: RIVERA, WILFREDO C REV
Address: 8420 SW 188 TERR.
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: MIRANDA, LESLIE
Address: 8420 SW 188 TERR
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: ECKERT, OLGA
Address: 8420 SW 188 TERR
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: HANEY, TRISH
Address: 8420 SW 188 TERR
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SIELK, ALAN PASTOR
Address: 8420 SW 188 TERR
City-St-Zip: MIAMI, FL 33157

Title: P (X) Change () Addition
Name: GLIENKE, HERMAN PASTOR
Address: 8420 SW 188 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: VP (X) Change () Addition
Name: RIVERA, WILFREDO C REV
Address: 8420 SW 188 TERR.
City-St-Zip: MIAMI, FL 33157

Title: D (X) Change () Addition
Name: MIRANDA, LESLIE
Address: 8420 SW 188 TERR
City-St-Zip: MIAMI, FL 33157

Title: D (X) Change () Addition
Name: ECKERT, OLGA
Address: 8420 SW 188 TERR
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DOUGLAS C. TRIVERS

CFO

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date