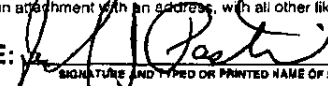


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

02-27-2004 90020 011 ****61.25
03-12-2004 90010 002 ****88.75

DOCUMENT # G44523			
1. Entity Name PASTINA REALTY, INC.			
Principal Place of Business 8410 US HWY 19 105 PORT RICHEY, FL 34668 US		Mailing Address 11013 PEPPERTREE LANE PORT RICHEY, FL 34668	
2. Principal Place of Business 7031 SR 52		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BAYONET POINT, FL		City & State	
Zip 34667	Country USA	Zip	Country
4. FEI Number 59-2327578		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PASTINA, JOSEPH J. 8410 US HWY 19 STE 105 PORT RICHEY, FL 34668		7. Name and Address of New Registered Agent PASTINA, JOSEPH J. 7031 SR 52 BAYONET POINT FL 34667	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASTINA, JOSEPH J. 8410 US HWY 19, STE 105 PORT RICHEY, FL 34668 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASTINA, JOSEPH J. 7031 SR 52 BAYONET PT. FL 34667 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PASTINA, JOSEPH J. III 8410 US HWY 19, STE 105 PORT RICHEY, FL 34668 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7031 SR 52 BAYONET PT, FL 34667 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PASTINA CUTTLER, SUSAN A. 8410 US HWY 19, STE 105 PORT RICHEY, FL 34668 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7031 SR 52 BAYONET PT, FL 34667 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		JOSEPH J. PASTINA 2/23/04 727 862-8581	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	