


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90051 012 ***150.00

DOCUMENT # M99326
 1. Entity Name
PLANTATION PINES ESTATES, INC.



Principal Place of Business Mailing Address
3950 NW 167 ST **3950 NW 167 ST**
MIAMI, FL 33014 US **MIAMI, FL 33014 US**

DO NOT WRITE IN THIS SPACE

14003627



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0163152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AKDORUK, YILMAZ M.
3950 N.W. 167TH STREET
MIAMI, FL 33054

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B. 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AKDORUK, YILMAZ M. 3950 N.W. 167TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SHATHER, ALEX 3950 N.W. 167TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADORNK, JANE S 3950 NW 167 STREET MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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, and all other like empowered.

SIGNATURE: Alex Shather, VP 4/12/04 305-624-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #