2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N05000011163

1. Entity Name
PINECREST PROFESSIONAL PLAZA CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12386 SW 82ND AVE	12386 SW 82ND AVE
MIAMI, FL 33156	MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

03162007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
20-3766370	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBLES, CARLOS
12386 SW 82ND AVE
MIAMI, FL 33156

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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

Filing Fee Is $61.25	**9.** Election Campaign Financing	**$5.00** May Be
Due by May 1, 2007	Trust Fund Contribution. ☐	Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROBLES, CARLOS
STREET ADDRESS	12386 SW 82ND AVE
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	VD
NAME	ROBLES, CARRIE
STREET ADDRESS	12386 SW 82ND AVE
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	STD
NAME	ROBLES, ALFONSO
STREET ADDRESS	12386 SW 82ND AVE
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000671275
03/28/07-80022-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   3/17/07   305 431 5409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #