


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000100900	
1. Entity Name PEMBROKE PINES 5 ACRES, INC.	

Principal Place of Business 12000 BISCAYNE BOULEVARD PENTHOUSE 810 MIAMI, FL 33181	Mailing Address 12000 BISCAYNE BOULEVARD PENTHOUSE 810 MIAMI, FL 33181
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02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1056788	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent R. SCOTT IRELAND 12000 BISCAYNE BOULEVARD PENTHOUSE 810 MIAMI, FL 33181

DO NOT WRITE
IN THIS SPACE

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 _____ DATE _____
Signature holder printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when changing)

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

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

U000000137128
04/29/04-80027-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D R. SCOTT IRELAND 12000 BISCAYNE BOULEVARD #810 MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP IRELAND, LOU 12000 BISCAYNE BLVD, #810 MIAMI, FL 33181
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Lou Ireland LOU IRELAND 4-12-04 305-891-6806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE