


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 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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DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1056788	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 R. SCOTT IRELAND 12000 BISCAYNE BOULEVARD PENTHOUSE 810 MIAMI, FL 33181	
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000345385 04/30/05-80034-019 150.00
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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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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: <u>Lou Ireland VP</u>	4-20-05 305-891-686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

LOU IRELAND