2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2004 08:00 AM Secretary of State **DOCUMENT # P01000021563** EAST COAST HEAT OF PINECREST CORPORATION Principal Place of Business Mailing Address 13865 SW 74TH AVE. 13865 SW 74TH AVE. MIAMI, FL 33158 MIAMI, FL 33158 01232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1091429 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NEER, MICHAEL F DO NOT WRITE 13865 SW 74TH AVE. MIAMI, FL 33158 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) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 U000000112769 '14/04-80036-Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. MLE. FIORENTINO, MICHAEL NAME 19800 SW 180TH AVE. STREET ADDRESS CTTY-ST-ZIP MIAMI, FL 33158 TITLE NEER, MICHAEL NAME STREET ADDRESS 13865 SW 74TH AVE. MIAMI, FL 33158 CITY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAMÈ STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this litting 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 affecting tempowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEACER OR DIRECTOR

9/04 305-252-4079

FILED