2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P01000029666 1. Entity Name 04-29-2004 90204 045 ***150.00 PINE TREE, INC. Principal Place of Business Mailing Address 9608 PACES FERRY DRIVE 9608 PACES FERRY DRIVE **TAMPA FL 33615 TAMPA FL 33615** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-3706585 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name E-USEBIA SANTIAGO MARGARET HOMAN INC. Street Address (P.O. Box Number is Not Acceptable) 7376 BROAD STREET **BROOKSVILLE FL 34601** Zip Code 336ほ TAMPA 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. Lam familiar with, and accept the obligations of registered agent. d Agent signature requirect when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. PD Delete TITLE TITLE PRESIDENT ☐ Change Addition NAME SANTIAGO, RAFAEL NAME SANTIAGO, EUSEBIA 9608 PACES FERRY DRIVE 9608 PACES FERRY DRIVE STREET ADDRESS STREET ADDRESS **TAMPA FL 33615** CITY-ST-7IP CITY-ST-ZIP UICE PRÉSIDENT TITLE Delete ★Odition SANTIA BO, RAFAEL NAME 9608 PACES FERRY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 37615 ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED