


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000078842	
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1. Entity Name PINNACLE ASSOCIATES INC.	Principal Place of Business 5439 NW 36 ST MIAMI, FL 33166	Mailing Address 5439 NW 36 ST MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE

04202008 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0069439	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KRUSZEWSKI, ANTHONY E 5439 NW 36 ST MIAMI, FL 33166	DO NOT WRITE IN THIS SPACE
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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

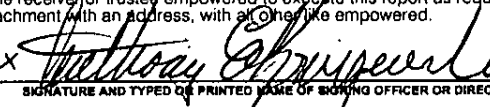
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000917215 05/13/08-80033-002 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPT KRUSZEWSKI, JOHN 5439 NW 36 ST. MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV KRUSZEWSKI, ANTHONY 5439 NW 36 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS KRUSZEWSKI, ROSE 5439 NW 36 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

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 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:  **4-21-08** **308-2384511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #