


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90091 044 ***150.00

DOCUMENT # P01000119065

1. Entity Name
PINARD GROUP, INC.



Principal Place of Business
**160 NW 176 STREET STE 202
 NORTH MIAMI, FL 33169**

Mailing Address
**160 NW 176 STREET STE 202
 NORTH MIAMI, FL 33169**

2. Principal Place of Business
15901 NW 7th Ave

3. Mailing Address
15901 NW 7th Ave


Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

City & State
MIAMI, FL

City & State
MIAMI, FL



03292004 Chg-P CR2E034 (10/03)

4. FEI Number
60-0000044

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PINARD, MICHEL R
 160 NW 176 STREET STE 202
 NORTH MIAMI, FL 33169**

7. Name and Address of New Registered Agent

Name
PINARD, MICHEL R

Street Address (P.O. Box Number is Not Acceptable)
15901 NW 7th Avenue

City
MIAMI

State
FL

Zip
33109

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]* DATE **4.1.04**

ADDRESS CHANGE ONLY

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**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PINARD, MICHEL R 3222 CALLE LARGO HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PINARD, RICK 2707 HAYES STREET HOLLYWOOD, FL 33020 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *[Signature]* , 4.01.04, 7804130070

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