
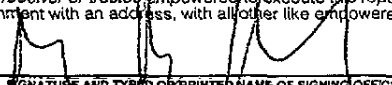
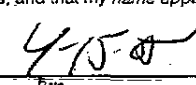


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000119065		
1. Entity Name PINARD GROUP, INC.		
Principal Place of Business 15901 NW 7TH AVE NORTH MIAMI, FL 33169		Mailing Address 15901 NW 7TH AVE NORTH MIAMI, FL 33169
DO NOT WRITE IN THIS SPACE		
		02092005 No Chg-P CR2E034 (10/03)
4. FEI Number 60-0000044		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PINARD, MICHEL R 15901 NW 7TH AVE NORTH MIAMI, FL 33169		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	PINARD, MICHEL R	
STREET ADDRESS	3222 CALLE LARGO	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	
NAME	PINARD, RICK	
STREET ADDRESS	2707 HAYES STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
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 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: 		<i>Director</i>  Date: 4-15-05 Daytime Phone #