

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90006 042 \*\*\*550.00

**DOCUMENT # P02000065332**

1. Entity Name

PINES LIQUORS - IMPORT & EXPORT, INC.



Principal Place of Business

1910 NW 18TH ST.  
POMPANO BCH FL 33069

Mailing Address

1910 NW 18TH ST.  
POMPANO BCH FL 33069

*1910. N.W. 18th Street. Pompano Beach. FL. 33069*

2. Principal Place of Business

*1910. NW 18th Street*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

*Bay 10.*

Suite, Apt. #, etc.

City & State

*Pompano Beach. FL. 33069*

City & State

Zip

*33069*

Country

*USA.*

Zip

Country

4. FEI Number

**75-3067835**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

MOORE

CR2E034 (4/04)



6. Name and Address of Current Registered Agent

**BOREN, BARRY M ESQ.  
9200 S. DADELAND BLVD., SUITE 412  
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **HANSEN, WILLY**  
STREET ADDRESS **1238 NW 144TH TERR.**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
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)(l), 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:**

*Willy Hansen* **WILLY HANSEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*09/01-04 954-461-3985*

Date

Daytime Phone #