

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000085475		
1. Entity Name PINECREST HOLDINGS I, CORP.		
Principal Place of Business 9650 SW 68TH AVE PINECREST, FL 33156	Mailing Address 9650 SW 68TH AVE PINECREST, FL 33156	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent VALDES, CARLOS A 9650 SW 68TH AVE PINECREST, FL 33156		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) _____ DATE _____		
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	DPST VALDES, CARLOS A 9650 SW 68TH AVE PINECREST, FL 33156	DO NOT WRITE IN THIS SPACE
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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)(f), 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: <u><i>Carlos A. Valdes</i></u> President		4-27-04 305-665-4397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone or



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3711925	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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05/03/04-80162-019 150.00