2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 02, 2004 8:00 am Secretary of State DOCUMENT # P02000101809 1. Entity Name 08-02-2004 90015 024 ***150 00 PINES MOWER COMPANY, INC. Principal Place of Business Mailing Address 21113 JOHNSON ST #104 PEMBROKE PINES FL 33029 21113 JOHNSON ST #104 PEMBROKE PINES FL 33029 2. Principal Place of Business 3. Mailing Address 21113 JOHUSON ST Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (4/04) 105 City & State City & State 4. FEI Number Applied For 04-3721330 PÉMBROUE PINÉS, Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, ROBERTO A P.O. Box Number is Not Acceptable) 21113 JOHNSON ST, #104 PEMBROKE PINES FL 33029 Zip Code 8. The above narged entity submits this systeme 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. PAKSIOKA SIGNATURE gnature, typed or printed name of registered agent and to FILE NOW!!! FEE IS \$550.00 S.607,193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 TITLE TITLE Change Addition ☐ Delete PEREZ, ROBERTO A NAME NAME STREET ADDRESS 1148 NW 165 AVE STREET ADDRESS PEMBROKE PINES FL 33028 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE MORALES, EMILIA L NAME 1148 NW 165 AVE STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33028 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not goalify 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.

ROBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED



Pembroke Pines, FL 33029 954-392-0300 954-392-7588 (Fax)

July 29th, 2004

To:

Florida Division of Corporations

Ref:

2004 Annual Report

Dear Friends,

This report is late as we changed our address and combined with mail delivery out in this area that is primeval, we did not receive the original form. Our address is now:

21113 Johnson Street Suite 105 Pembroke Pines, FL 33029

We are sending the fee of \$150. in hopes this will be enough to keep us in good standings with the State of Florida, Please advise if different.

Sincerely.

Robert Perez

President