2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 29, 2004 8:00 am Secretary of State

DOCUMENT # P0300004974							A	06-01-2	004 9000	01 027 *	**150.00	
PINES REALTY SERVICES, INC.												
Principal Place of Business 4750 COMMERCIAL BLVD. TAMARAC, FL 33319			4750	Mailing Address 4750 COMMERCIAL BLVD. TAMARAC, FL 33319			- •	642917	9	<i>t.</i> ,		
2. Principat P	1 lace of Busine		3. Mai	ling Address		<u> </u>	_					
Suite, Apt, #, etc.			_	Suite, Apt. #, etc.			1 (69)(55) (6				MAI II TATI	
							03182004	Chg-P	CR2E03	10/03)	for For	
City & State			City & State				4. FEI Numb	0668		No	olied For Applicable	
Zip	Country		Zip	Zip Coun		try	5. Certificate	of Status Desired		58.75 Add ee Required		
6. Name and Address of Current Registered Agent						Name	7. Name end	Address of New R	legistered A	gent		
HILL, NIMROY 5255 NW 74TH TERRACE					*****	-Street Addres	ss (P.O. Box Numb	er is Not Acceptable	a) >			
LAUDERHILL, FL 33319							·					
	1					City			FL	Zip Code	,	
	named entity	submits this statement for	or the purp	ose of changing its	register	ad office or regis	stered agent, or bo	th, in the State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE												
Signature: typed or preted name of registered agent and title it applicable. (NOTE: Registered Agent signature requirements)									DATE .			
FIL After M	E NOW!!! ay 1, 2004	FEE IS \$150.00 Fee will be \$550.	.00	 Election Campa Trust Fund Cont 			\$5.00 May 8e Added to Fees		٠.			
.10.		OFFICERS AND	DIRECTO		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND			
TITLE 🗗 NAMÉ	P HILL, MILI	LICENT		☐ Celete	TITL!					☐ Change	☐ Addition	
STREET ADDRESS CITY-S 2 ZIP		IMERCIAL BLVD. C, FL 33319			1	ET ADDRESS - SI-ZIP		•				
TITLE	D			Delete	TITL	E				Change	Addition	
STREET ADDRESS		MERCIAL BLVD.		÷	STRE	ET ADDRESS						
CITY-ST-ZIP	D	C, FL 33319		☐ Deleta	191	- \$1 - ZIP				☐ Change	Addition	
NAME STREET ADDRESS	HILL, NIM	ROY IMERCIAL BLVD.			NAM Stre	E Et address			,			
CITY-ST-ZIP		, FL 33319				-ST-ZIP			_			
TITLE NAME	æ÷= ,- '		,	☐ Defete	TITU NAM	4.	- •	•	-	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	: 1	•				ET ADDRESS - ST- ZIP		•				
TITLE	1			☐ Delete	TITL		 	•	•	Change	Addition	
NAME STHEET ADDRESS	;					TET ADDRESS				•	f	
CITY-ST-ZIP TITLE				☐ Detete	INL	-ST-ZIP				☐ Change	Addition	
NAME STREET ADDRESS					MAA/ Stri	EEI ADDRESS		•				
CITY-ST-ZIP	nortify that the	information outside and	h this su-	does not minited		- ST-ZIP	Section 440 07/01	(i) Florida Cistata) for motion and a second	if a share star of		
12. I hereby certify that the information supplied with this filing does not quality 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 fugitee 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 attroomen with an address, with all other like empowered.												
SIGNAT	TURE: _	SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNAND OFFICER OR GIRECTOR										