

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 10, 2004 8:00 am  
Secretary of State

05-10-2004 90468 035 \*\*\*150.00

DOCUMENT #	P03000034477
1. Entity Name	
PINEWALK, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6209 WEST COMMERCIAL BLVD		3. Mailing Address 6209 WEST COMMERCIAL BLVD	
Suite, Apt. #, etc. SEVEN		Suite, Apt. #, etc. SEVEN	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33319	Country USA	Zip 33319	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 38-3677266		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name JOAQUIN, MARCELO		
	Street Address (P.O. Box Number is Not Acceptable) 6209 WEST COMMERCIAL BLVD, SUITE 7		
City FORT LAUDERDALE		FL	Zip Code 33319

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JOAQUIN, MARCELO 6209 WEST COMMERCIAL BLVD, SUITE 7 FORT LAUDERDALE, FL 33319
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: MARCELO JOAQUIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/04/04 954 724-4141