## 2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000055492 1. Entity Name T A & M OF PINES, INC. Principal Place of Business 13700 S.W. 14TH ST. D 402 Mailing Address 13700 S.W. 14TH ST. D 402

## FILED Apr 21, 2004 8:00 am Secretary of State

04-21-2004 90062 019 \*\*\*150 0

IA&MC	OF PINES, INC.			04-21-2004 90062 019 ****150.00				
Principal Place of Business Mailing Address 13700 S.W. 14TH ST, D 402 13700 S.W. 14TH ST, D 402 PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 3302				2 (400100) 31/00/CO (1111 00/11 00/11 00/11 00/11 01/11 01/11 01/11 01/11 01/11 01/11 01/11 01/11 01/11 01/11	•			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04162004 Chg-P CR2E034 (10/03)				
City & State		City & Slate		4. FEI Number Applied For 58-2670685 Not Applied For	-			
Zip√	Country	Zip .	Country	5. Certificate of Status Desired				
	B. Name and Address of Curren	it Registered Agent		7. Name and Address of New Registered Agent	_			
0007415	T MADIO	المارية لوالد ليستعم والمراج	Name	Name				
GONZALEZ, MARIO 13700 S.W. 14TH ST. D 402 PEMBROKE PINES, FL 33027			Street Add	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 ager	nt and this it applicable. ThOTE	Registered Agent signature	required when reinstating) DATE	*			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	Election Campair     Trust Fund Contr		\$5.00 May Be Added to Fees				
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
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NAME .	GONZALEZ, MARIO		~,c	Change Addit	ion			
STREET ADDRESS			NAME	☐ Change ☐ Addit	tion			
מול דם עדוים	13700 S.W. 14TH ST. D 402		NAME STREET ADDRESS	☐ Change ☐ Addit	tion			
CITY-ST-ZIP	13700 S.W. 14TH ST. D 402 PEMBROKE PINES, FL 33027		NAME STREET ADDRESS CITY-ST-ZIP					
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12. I hereby certify that the information supplied with this fling does not qualify 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 export 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 an other like empowered.

SIGNATURE:	llosio Jongs	MARIO GONZAlez	4/18	104 (305-610,251	c
	SIGNATURE AND TYPED OR PRINTED BASE OF SIGNING OFFICER OR DIRECTOR PRESIDENT			Daytime Phone ≠	
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