## 2007 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P03000055492** TA & M OF PINES, INC.



FILED								
Jul 30, 200'	7 <b>8:</b> 00 am							
Secretary	of State							
07-30-2007 90091	001 ***150.00							
07-30-2007 90091	002 *****8.75							

				9				
Principal Place of Business Mailing Address								
13700 S.W. 14TH ST. D 402 P.O. BOX 22651 PEMBROKE PINES, FL 33027 HIALEAH, FL 33002				660	20677	7		
		Transition and						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					ilih <b>bibita ibilib bib</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E0	34 (12/06)	
City & Late		City & State		4. FEI Numb 58-267			<u> </u>	plied For t Applicable
Zip——	Country	Zip	Country	5. Certificate	of Status Desired	X	\$8:75 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New	Registered A	Agent	
CONTALE	7 844010		Name					
GONZALEZ, MARIO   13700 S.W. 14TH ST. D 402		Street Addre	ess (P.O. Box Numb	er is Not Acceptab	le)			
PEMBRO	KE PINES, FL 33027					_		
			City			FL	Zip Code	- <del> </del>
8. The above	named entity submits this statement t	for the purpose of changing its r	egistered office or reg	istered agent, or bo	oth, in the State of F	lorida. I am	familiar with,	and accept
the obligat	ions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered ager	t and title if applicable (NOTE	Registered Agent signature rec	nuked when reinstating)		DATE		
	Signature, typed or printed harrie or registered age-	it and the wappined the (101)	Trogramme Agent agreeted to	quite memorranian y				
FILE NOW!!! FEE 1S.\$150.00  Due by September 14, 2007  9. Election Campaign Find Trust Fund Contribution  Trust Fund Contribution			\$5.00 May Be Added to Fees					
10.	OFFICERS AND	D DIRECTORS	11.	ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	D CONTALET MARIO	☐ Delete	TITLE NAME				Change	Addition Addition
NAME STREET ADDRESS	GONZALEZ, MARIO 13700 S.W. 14TH ST. D 402		STREET ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		CITY-ST-ZIP					
TITLE		☐ Detete	TITLE				☐ Change	Addition
NAME			NAME STREET ADDRESS					
STREET ADDRESS			CITY-ST-ZIP					
TITLE		Delete	TITLE		<del></del>		☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS  CITY-ST-ZIP					
CITY-SI-ZIP			TITLE				☐ Change	☐ Addition
NAME		Delete	NAME				Change	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME		L Delete	NAME					
STREET ADDRESS			STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CITY-ST-ZIP

CITY-ST-ZIP