

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AE)

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90004 045 \*\*\*150.00

**DOCUMENT # P03000071915**

1. Entity Name

PINECREST CATERING, INC.



Principal Place of Business  
5612 SUNSET DRIVE  
MIAMI FL 33143

Mailing Address  
7700 S.W. 114TH STREET  
MIAMI FL 33156

66432811



MOORE CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEL Number

33-1073521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOENIGSBERG, STUART L ESQ.  
8877 S.W. 131ST STREET  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name IRA GORDON

Street Address (P.O. Box Number is Not Acceptable) ONE DATRAN CENTER #404

9100 S. DADELAND BLVD.

City MIAMI

FL

Zip Code

33156

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 date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete

NAME MOUERY, WILLIAM T  
STREET ADDRESS 7700 S.W. 114TH STREET  
CITY-ST-ZIP MIAMI FL 33156

TITLE VS ☐ Delete

NAME BERNHARDT, GARY  
STREET ADDRESS 7700 S.W. 114TH STREET  
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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

8-9-04

Date

305 666 8797

Daytime Phone #