

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT #P03000071915 1. Entity Name PINECREST CATERING, INC.	
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Principal Place of Business 5612 SUNSET DRIVE MIAMI, FL 33143	Mailing Address 7700 S.W. 114TH STREET MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number 33-1073521	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GORDON, IRA ONE DATRAN CENTER # 404 9100 S DADELAND BLVD MIAMI, FL 33156	DO NOT WRITE IN THIS SPACE
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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 reappointing)	DATE _____
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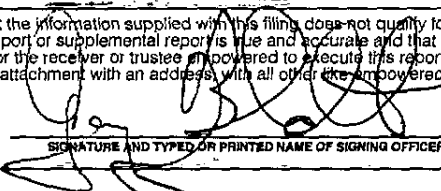
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT MOUERY, WILLIAM T 7700 S.W. 114TH STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS BERNHARDT, GARY 7700 S.W. 114TH STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000300583
04/12/05-80025-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 	4-8-05 305 666 8797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #