

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028271

Entity Name: PINES POLICE SUPPLY, INC.

FILED
Jan 25, 2007
Secretary of State

Current Principal Place of Business:

911 NW 209 AVE
109
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

911 NW 209 AVE
109
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 33-1084362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMORA, LUCY A
911 NW 209 AVE
109
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZAMORA, LUCY A
Address: 1408 NW 208TH WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP () Delete
Name: ZAMORA, RUBEN
Address: 911 NW 209 AVE #109
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP () Delete
Name: ZAMORA, REYNOLD SR.
Address: 911 NW 209 AVE #109
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP () Delete
Name: ZAMORA, MARIA
Address: 911 NW 209 AVE #109
City-St-Zip: PEMBROKE PINES, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCY ANNE ZAMORA

P

01/25/2007

Electronic Signature of Signing Officer or Director

Date