

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028271

Entity Name: PINES POLICE SUPPLY, INC.

FILED  
Apr 09, 2008  
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 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

04/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date