


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90032 018 ***150.00

| | |
|--|---|
| DOCUMENT # P04000056853 |  |
| 1. Entity Name PROVIDENCE LIGHT OF PINES, INC. | |

| | |
|---|---|
| Principal Place of Business 2336 NW 186 AVE PEMBROKE PINES FL 33029 | Mailing Address 2336 NW 186 AVE PEMBROKE PINES FL 33029 |
|---|---|

| | |
|---|---------------------------|
| 2. Principal Place of Business 11401 PINES BLVD | 3. Mailing Address |
| Suite, Apt. #, etc. STE 464 | Suite, Apt. #, etc. |
| City & State PEMBROKE PINES, FL | City & State |
| Zip 33026 | Country BROWARD |



1st MOORE CR2E034 (10/04)

| | | |
|---|--|--|
| 4. FEI Number 20-0948681 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent SINGER, BERNARD A 3107 STIRLING RD STE 105 FT LAUDERDALE FL 33312 | | |
| 7. Name and Address of New Registered Agent | | |
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| City FL Zip Code | | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LE BEL, SANDRA 2336 NW 186 AVE PEMBROKE PINES FL 33029 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARCIA, MARTA T 18220 NW 19 ST PEMBROKE PINES FL 33029 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY / TREASURER |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GLAID, BARBARA 2332 NW 186 AVE PEMBROKE PINES FL 33029 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT |
| 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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE 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: Marta Garcia **MARTAT GARCIA** 1/25/05 954-885-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #