

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90136 004 ***150.00

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1. Entity Name
PINES EYES ASSOCIATES, INC.



Principal Place of Business
**9101 PEMBROKE RD
 PEMBROKE PINES, FL 33025**

Mailing Address
**9101 PEMBROKE RD
 PEMBROKE PINES, FL 33025**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

Zip
 Country



02192007 Chg-P CR2E034 (12/06)

4. FEI Number
651100133

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LLEWELLYN, DANIEL
11261 NW 27TH COURT
PLANTATION, FL 33323

*8451 W. Oakland Park Blvd.
 Sunrise FL 33351*

7. Name and Address of New Registered Agent

Name **Daniel Llewellyn**

Street Address (P.O. Box Number is Not Acceptable)
**8451 W. Oakland Park Blvd.
 Sunrise FL 33351**

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 *[Signature]* **D. P. A.** DATE **3/10/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Actions
	P LLEWELLYN, DANIEL	11261 NW 27TH COURT	PLANTATION, FL 33323	<input checked="" type="checkbox"/> Delete
		<i>8451 W. Oakland Park Blvd.</i>	<i>SUNRISE, FL 33351</i>	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Actions
	Llewellyn, Daniel	8451 W. Oakland Park Blvd.	SUNRISE FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* DATE: **3/10/07** DAYTIME PHONE #: **9544314262**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR