

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091555

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PINES DOLLAR PLUS & BUSINESS CENTER, INC.

**Current Principal Place of Business:**

11280 PINES BLVD.  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

8380 NW 143RD. ST.  
MIAMI LAKES, FL 33016

**New Mailing Address:**

FEI Number: 80-0284450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REYES, RAQUEL  
15940 W. TROON CIRCLE  
MIAMI LAKES, FL 33016 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: LORA, MANUEL M  
Address: 8380 NW 143RD. ST.  
City-St-Zip: MIAMI LAKES, FL 33016

Title: D ( ) Delete  
Name: LORA, MIRIAM  
Address: 8380 NW 143RD. ST.  
City-St-Zip: MIAMI LAKES, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MANUEL LORA

PR

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date