

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2005 8:00 am**  
**Secretary of State**

08-16-2005 90039 027 \*\*\*150.00

**DOCUMENT # P93000081978**

1. Entity Name  
NEW PINE GLEN, INC.



Principal Place of Business

18851 NE 29TH AVE  
7TH FL  
MIAMI, FL 33180 US

Mailing Address

18851 NE 29TH AVE  
7TH FL  
MIAMI, FL 33180 US

**50061824**



07072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0451647

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

POSNER, GARY D.  
21205 N.E. 37TH AVENUE APT. 906  
AVENTURA, FL 33180

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME POSNER, GARY  
STREET ADDRESS 21205 NE 37TH AVENUE, APT 906  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/05

Date

786-787-7705

Daytime Phone #



ATTACHMENT

50061824

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 15, 2005

NEW PINE GLEN, INC.  
18851 NE 29TH AVE  
7TH FL  
MIAMI, FL 33180 US

SUBJECT: NEW PINE GLEN, INC.  
Ref. Number: P93000081978

We have received your document for NEW PINE GLEN, INC. and check(s) totaling \$650.00. However, your check(s) and document are being returned for the following:

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 405A00046827