2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

998 S MILITARY TR

DEERFIELD BEACH, FL 33442

DOCUMENT # P94000036645

PINES TROLLEY CO., INC.

Principal Place of Business

DEERFIELD BEACH, FL 33442

2. Principal Place of Business

998 S MILITARY TR

Suite, Apt. #, etc.

City & State

FILED Apr 19, 2004 8:00 am Secretary of State

04-19-2004 90241 027 ***150.00

-	54035224				
	03152004	Chg-P	CR2E034 (10/03)		
	4. FEI Number 59-17571	46		-	Applied For Not Applicable
	5. Certificate of				5 Additional equired

Country Zip Country Zio 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, JOSEPH D. Street Address (P.O. Box Number is Not Acceptable) 4500 NW 12TH DRIVE POMPANO BEACH, FL 33064 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 legistered agent. SIGNATUR and title if a DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VPT Change Addition TITLE ☐ Delete Joseph Perez, IR. PEREZ, JR J NAME 4771 NW 13TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-ZIP Change DP ☐ Addition Delete TITLE PEREZ, JOSEPH D MAME NAME STREET ADDRESS 4500 NW 12TH DRIVE STREET ADDRESS POMPANO BEACH, FL 33064 CITY-ST-ZIP Delete TITLE Change ☐ Addition PEREZ DARCY NAME STREET ADDRESS STREET ADDRESS 8804 SW 11TH ST CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33433 Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oeleta ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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