2008 FOR PROFIT-CORPORATION ANNUAL REPORT

DOCUMENT # P94000036645

Entity Name

PINES TROLLEY CO., INC.



FILED May 05, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

998 S MILITARY TR

DEERFIELD BEACH, FL 33442 US

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DEERFIELD BEACH, FL 33442

US



DO NOT WRITE IN THIS SPACE

05022008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1757146

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, JOSEPH D. 5326 FLAMINGO COURT COCONUT CREEK, FL 33073

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				required when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008	9. Election Campaign Finant 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 DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PEREZ, JOSEPH JR 4771 NW 13TH AVENUE POMPANO BEACH, FL 33064				U00000948224 06/02/08-80045-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEREZ, JOSEPH D 5326 FLAMINGO COURT COCONUT CRÉEK, FL 33073				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, DARCY 4500 NW 12TH DRIVE POMPANO BEACH, FL 33064			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 1 1 100	-	-		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/08

954-429-3100