

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000041874

FILED
Jan 31, 2004
Secretary of State

Entity Name: PINES MANAGEMENT COMPANY

Current Principal Place of Business:

5445 COLLINS AVE
CU-8
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 414235
MIAMI BEACH, FL 331410235 US

New Mailing Address:

FEI Number: 65-0511016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINEDA, MAXHER
5445 COLLINS AVE STE CU-08
CU-8
MIAMI BEACH, FL 33141 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: PD () Delete
Name: PINEDA, MAXHER
Address: 5445 COLLINS AVE CU-8
City-St-Zip: MIAMI BEACH, FL

Title: S () Delete
Name: LAMANNA, ALEXANDRA
Address: 5445 COLLINS AVENUE, SUITE CU-8
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: LAMANNA, ALEXANDRA
Address: 5445 COLLINS AVENUE, SUITE CU-8
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAXHER PINEDA

PD

01/31/2004

Electronic Signature of Signing Officer or Director

Date