## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000056654

Entity Name: PINES FARMS, INC.

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3301 PONCE DE LEON BLVD PENTHOUSE CORAL GABLES, FL 33134				3301 PONCE DE LEON BLVD PH SUITE CORAL GABLES, FL 33134		
Current Mailing Address:				New Mailing Address:		
3301 PONCE DE LEON BLVD PENTHOUSE CORAL GABLES, FL 33134				3301 PONCE DE LEON BLVD PH SUITE CORAL GABLES, FL 33134		
FEI Number: 65-0508973 FEI Number Applied For ( )			FEI Num	nber Not Appli	icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
PINES, RICARDO DR. 3301 PONCE DE LEON BLVD PENTHOUSE CORAL GABLES, FL 33134 US						
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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PINES, RICARDO	LEON BLVD PENTHOUSE		Title: Name: Address: City-St-Zip:	PINES, RICARD	E LEON BLVD,. PENTHOUSE
Title: Name: Address: City-St-Zip:	PINES, ELBA	Delete : LEON BLVD PENTHOUSE :, FL 33134		Title: Name: Address: City-St-Zip:	PINES, ELBA	Change ( ) Addition E LEON BLVD., PENTHOUSE S, FL 33134
Title: Name: Address: City-St-Zip:	PINES, GUSTAV	LEON BLVD PENTHOUSE		Title: Name: Address: City-St-Zip:	PINES, GUSTAV	E LEON BLVD., PENTHOUSE
Title: Name: Address: City-St-Zip:	VPD ( ) I PINES, EDUARD 3301 PONCE DE CORAL GABLES	O I : LEON BLVD		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () I PINES, FRANCIS 3301 PONCE DE CORAL GABLES	LEON BLVD		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition

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: DR. RICARDO PINES PRES 04/24/2007