2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2012
Secretary of State

DOCUMENT# P94000056654

Entity Name: PINES FARMS, INC.

Current Principal Place of Business:

3301 PONCE DE LEON BLVD
PH SUITE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3301 PONCE DE LEON BLVD
PH SUITE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0508973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINES, RICARDO DR.
3301 PONCE DE LEON BLVD
PENTHOUSE
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: PD
Name: PINES, RICARDO DR
Address: 3301 PONCE DE LEON BLVD,. PENTHOUSE
City-St-Zip: CORAL GABLES, FL 33134

Title: SD
Name: PINES, ELBA
Address: 3301 PONCE DE LEON BLVD., PENTHOUSE
City-St-Zip: CORAL GABLES, FL 33134

Title: SECD
Name: PINES, GUSTAVO A
Address: 3301 PONCE DE LEON BLVD., PENTHOUSE
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD
Name: PINES, EDUARDO I
Address: 3301 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: PINES, FRANCISCO J
Address: 3301 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: RICARDO PINES PD 03/26/2012

Electronic Signature of Signing Officer or Director — Date