


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000071103</b>	
1. Entity Name 11200 PINES BLVD. PROPERTY, INC.	

Principal Place of Business 902 CLINT MOORE ROAD SUITE 146 BOCA RATON, FL 33487	Mailing Address 902 CLINT MOORE ROAD SUITE 146 BOCA RATON, FL 33487
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01312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0610715	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  PESCE, FRANK SR. 902 CLINT MOORE ROAD SUITE 146 BOCA RATON, FL 33487
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000428810  
02/21/06-80061-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PESCE, FRANK SR. 902 CLINT MOORE ROAD SUITE 146 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPT MARZANO, DOMINICK 902 CLINT MOORE ROAD SUITE 146 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS CAPARELLI, ERNEST 902 CLINT MOORE ROAD SUITE 146 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MURRAY, DONNA 902 CLINT MOORE ROAD SUITE 146 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.

SIGNATURE: Donna Murray AS. 1/31/06 561-992-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #