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Secretary of State
03-01-2006 90015 035 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000084509

1. Entity Name
F&R PINEBROOK CORP.

40021890

Principal Place of Business	Mailing Address
2801 FLORIDA AVENUE #12 COCONUT GROVE, FL 33133-1903 US	2801 FLORIDA AVENUE #12 COCONUT GROVE, FL 33133-1903 US

02172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2801 Florida Ave	% Felber and Company
Suite, Apt. #, etc.: Suite 10	Suite, Apt. #, etc.: 11450 Interchange Circle North
City & State: Miami FL	City & State: Miramar FL
Zip: 33133 Country: USA	Zip: 33025 Country: USA

4. FEI Number: 65-0699289 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHRAM, RONALD Y 2801 FLORIDA AVENUE, SUITE 12 COCONUT GROVE, FL 33133-1903	Name: Ronald Y Schram Street Address (P.O. Box Number is Not Acceptable): c/o Felber and Company 11450 Interchange Circle North City: Miramar FL Zip Code: 33025

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: Ronald Y Schram 2/24/06
(Signature of new registered agent, if applicable) (NOTE: Registered Agent signature required when changing) 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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP SCHRAM, RONALD Y 2801 FLORIDA AVE., ~~STE 12~~ ~~COCONUT GROVE, FL 33133~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition Suite 10 Miami FL 33133
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DVS HESSEL, FRANK J 2801 FLORIDA AVE., ~~STE 12~~ ~~COCONUT GROVE, FL 33133~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition Suite 10 Miami FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

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 like empowered.

SIGNATURE: Ronald Y Schram 2/24/06 305 529 9088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #