


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000001854		
1. Entity Name PINE CAT ENTERPRISES, INC.		

2. Principal Place of Business 1: SOUTHWEST 82ND PLACE PINE CREST FL 33156	3. Mailing Address 12801 SOUTHWEST 82ND PLACE PINECREST FL 33156
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2. Principal Place of Business	3. Mailing Address
4. Apt. #, etc.	Suite, Apt. #, etc.
5. State	City & State
Country	Country

1st MOORE CR2E034 (10/05)

4. FET Number 65-0725940	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 MARKO, DAVID EVERETT ONE BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD., SUITE 2600 MIAMI FL 33131	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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, obligations of registered agent.

9. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
PAULA HAMELIK, PAULA 12801 SOUTHWEST 82ND PLACE PINECREST FL 33156	<input type="checkbox"/> Delete	U000000396861 01/30/06-80026-025 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Add
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add	<input type="checkbox"/> Change <input type="checkbox"/> Add
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1. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paula Zingola Hamelik Paula Zingola Hamelik 1/19/06 305 238 3670