2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 19, 2005 8:00 am
Secretary of State 01-19-2005 90008 025 ***150.00

DOCUMENT # P97000069660 PINECREST ENTERPRISE, INC. 50003719 Mailing Address Principal Place of Business 2300 CORAL WAY 2300 CORAL WAY **SUITE 103** SUITE 103 MIAMI, FL 33145 MIAMI, FL 33145 3. Mailing Address 2. Principal Place of Business 1557 NW 82 Avenue 1557 NW 82 Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 Cha-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number Miami FU 65-0820565 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent f. Wasserman ffreu DADE CORPORATE SERVICES, INC. Be Number is Nan Acceptable) 2300 CORAL WAY **SUITE 103** MIAMI, FL 33145 8. The above named effity 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 reded agent. SIGNATURE (NQTE: Registered Agent signature required when reinstating) r printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE PD X Delete TER F CEO/Pres/D. ☐ Channe RICO, ROBERT F NAME Trevor Duhaney NAME 15538 NW 83 Place 12600 SW 78 AVE STREET ADDRESS STREET ADDRESS Miami Lakes, Fl 33016 CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP SECRETARY Robert F. Rico TITLE ☐ Delete TITLE Change Addition NAME 13622 510 109 Place STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Miami, FL 33176 Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualty to the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that may signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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: