2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048493

FILED Apr 03, 2009 Secretary of State

Entity Name: PINES PROFESSIONAL CAMPUS AT SILVER LAKES CONDOMINIUM ASSOCIATION, INC.

Current Pr	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
17900 N.W SUITE 201	. 5TH STREE	Γ				
	(E PINES, FL	33029				
Current Mailing Address:			New Maili	New Mailing Address:		
SUITE 201	/. 5TH STREE					
FEI Number:	65-0855341	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status	Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Ag	jent:	
DIAZ, OSMANI PRESIDE 17900 N.W. 5TH STREET SUITE 201 PEMBROKE PINES, FL 33029 US			17900 N.W SUITE 201	MILARDO, JAMES PRESIDE 17900 N.W. 5TH STREET SUITE 201 PEMBROKE PINES, FL 33029 US		
	named entity s of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered a	gent, or both,	
SIGNATURE: JAMES MILARDO				04/03/2009		
	Electron	ic Signature of Registered Age	ent	Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	DIAZ, OSMANI 17900 NW 5TH PEMBROKE PII MR. () MILARDO, JIMN	STREET STE 201 NES, FL 33029 Delete //Y TREASUR STREET STE 201	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD (X) Change () Addition DIAZ, OSMANI SECRET 17900 NW 5TH STREET STE 201 PEMBROKE PINES, FL 33029 MR. (X) Change () Addition MILARDO, JIMMY PRES 17900 NW 5TH STREET STE 201 PEMBROKE PINES, FL 33029		
Title: Name: Address: City-St-Zip:	DR. ()	Delete ZA, JUAN A. SECRETA STREET STE 201	Title: Name: Address: City-St-Zip:	DR. (X) Change () Addition CASTILLO-PLAZA, JUAN A. TREAS 17900 NW 5TH STREET STE 201 PEMBROKE PINES, FL 33029		
Title: Name: Address: City-St-Zip:	COBOS, DAVID	STREET STE 201	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	TALAN, LEON	STREET STE 201	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES MILARDO P 04/03/2009