2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048493

FILED Apr 10, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

17900 N.W. 5TH STREET 17900 N.W. 5TH STREET

SUITE 201 SUITE 203-B

PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029

Current Mailing Address: New Mailing Address:

17900 N.W. 5TH STREET 17900 N.W. 5TH STREET

SUITE 201 SUITE 203-B

PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029

FEI Number: 65-0855341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILARDO, JAMES PRESIDE MILARDO, JAMES PRESIDE 17900 N.W. 5TH STREET

SUITE 201 SUITE 203-B

PEMBROKE PINES, FL 33029 US PEMBROKE PINES, FL 33029 US

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.

SIGNATURE: JAMES MILARDO 04/10/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: DIAZ, OSMANI SECRET

Address: 17900 NW 5TH STREET STE 203-B City-St-Zip: PEMBROKE PINES, FL 33029

Title: MR.

Name: MILARDO, JAMES PRES

Address: 17900 NW 5TH STREET STE 203-B City-St-Zip: PEMBROKE PINES, FL 33029

Title: DR.

Name: CASTILLO, SIXTA

Address: 17900 NW 5TH STREET STE 203-B City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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 all other like empowered.

SIGNATURE: JAMES MILARDO D 04/10/2012