


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90059 009 ***150.00

DOCUMENT # P99000109956

1. Entity Name
PINETREE INDUSTRIES II, INC.



Principal Place of Business
**711 W INDIANTOWN RD
 C1-C1A-C2
 JUPITER FL 33458**

Mailing Address
**743 PALM AVE. 550 SE Mizner Blvd
 BOCA RATON FL 33432 #609**

19004010



MOORE CR2E034 (11/03)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

4. FEI Number
65-0977094

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALLACE, JEFFREY P
 743 PALM AVE. 550 SE Mizner Blvd #609
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME WALLACE, JEFFREY P	
STREET ADDRESS 743 PALM AVE.	
CITY-ST-ZIP BOCA RATON FL 33432	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME WALLACE, SYLVIA A	
STREET ADDRESS 743 PALM AVE	
CITY-ST-ZIP BOCA RATON FL 33432	
TITLE <i>Secretary</i>	<input type="checkbox"/> Delete
NAME <i>Catherine Melega</i>	
STREET ADDRESS <i>550 SE MIZNER BLVD #609</i>	
CITY-ST-ZIP <i>BOCA RATON FL 33432</i>	
TITLE <i>VICE PRESIDENT</i>	<input type="checkbox"/> Delete
NAME <i>PAUL WALLACE</i>	
STREET ADDRESS <i>4740 SW 12TH PLACE</i>	
CITY-ST-ZIP <i>Deerfield Beach FL 33442</i>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for 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 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: _____ Date: **3-22-04** Daytime Phone #: **5615754664**