

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S29722

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: PINES-JACKSONVILLE MANAGEMENT, INC.

## Current Principal Place of Business:

3301 PONCE DE LEON BLVD.  
PENTHOUSE  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

3301 PONCE DE LEON BLVD.  
PENTHOUSE  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 65-0242273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PINES, RICARDO E.  
3301 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

PINES, RICARDO E ESQ.  
3301 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33134 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: RICARDO E. PINES

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PINES, RICARDO, DR.,  
Address: 8805 ALVIBA ST  
City-St-Zip: CORAL GABLES, FL

Title: VP ( ) Delete  
Name: PINES, ELBA,  
Address: 8805 ALVIBA ST  
City-St-Zip: CORAL GABLES, FL

Title: D ( ) Delete  
Name: PINES, GUSTAVO  
Address: 3301 PONCE DE LEON  
City-St-Zip: CORAL GABLES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PINES, RICARDO DR.  
Address: 8805 ARVIDA DRIVE  
City-St-Zip: CORAL GABLES, FL 33156

Title: VP (X) Change ( ) Addition  
Name: PINES, ELBA  
Address: 8805 ARVIDA DRIVE  
City-St-Zip: CORAL GABLES, FL 33156

Title: D (X) Change ( ) Addition  
Name: PINES, GUSTAVO A  
Address: 3301 PONCE DE LEON  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DR. RICARDO PINES

PRES

04/29/2004

Electronic Signature of Signing Officer or Director

Date