


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # S50802 1. Entity Name PINE LAKE, INC.		
Principal Place of Business 12029-12085 SW 1M AVE MIAMI, FL 33156 US		Mailing Address C/O SHANE SUCHMAN, R. E., CO 1550 MADRUGA AVE S230 CORAL GABLES, FL 33146 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LAWRENCE E SUCHMAN 1550 MADRUGA AVE SUITE 230 CORAL GABLES, FL 33146		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	SUCHMAN, CLIFFFORD L	
STREET ADDRESS	1550 MADRUGA AVE S230	
CITY- ST- ZIP	CORAL GABLES, FL	
TITLE	EVP	
NAME	SHANE, MARTIN H	
STREET ADDRESS	1550 MADRUGA AVE S230	
CITY- ST- ZIP	CORAL GABLES, FL	
TITLE	VP	
NAME	SUCHMAN, LAWRENCE E	
STREET ADDRESS	1550 MADRUGA AVE S230	
CITY- ST- ZIP	CORAL GABLES, FL	
TITLE	ST	
NAME	ROBERTS, PETER A	
STREET ADDRESS	1550 MADRUGA AVE S230	
CITY- ST- ZIP	CORAL GABLES, FL	
TITLE	AS	
NAME	SUCHMAN, LAWRENCE E	
STREET ADDRESS	1550 MADRUGA AVE S230	
CITY- ST- ZIP	CORAL GABLES, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Peter A. Roberts</u> ST		04/18/06 305-667-6461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PETER A. ROBERTS		Date Daytime Phone #



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0265325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/02/06-80055-021 150.00

**DO NOT WRITE
IN THIS SPACE**