


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90183 023 \*\*\*150.00

<b>DOCUMENT # S50802</b> 1. Entity Name <b>PINE LAKE, INC.</b>					
Principal Place of Business <b>1550 MADRUGA AVE STE 230</b> <b>CORAL GABLES, FL 33156 US</b>			Mailing Address <b>C/O SHANE SUCHMAN, R. E., CO</b> <b>1550 MADRUGA AVE S230</b> <b>CORAL GABLES, FL 33146 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip 		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip 		03012007    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>65-0265325</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>LAWRENCE E SUCHMAN</b> <b>1550 MADRUGA AVE SUITE 230</b> <b>CORAL GABLES, FL 33146</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SUCHMAN, CLIFFFORD L</b> <b>1550 MADRUGA AVE S230</b> <b>CORAL GABLES, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>SHANE, MARTIN H</b> <b>1550 MADRUGA AVE S230</b> <b>CORAL GABLES, FL</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SUCHMAN, LAWRENCE E</b> <b>1550 MADRUGA AVE S230</b> <b>CORAL GABLES, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>ROBERTS, PETER A</b> <b>1550 MADRUGA AVE S230</b> <b>CORAL GABLES, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>SUCHMAN, LAWRENCE E</b> <b>1550 MADRUGA AVE S230</b> <b>CORAL GABLES, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LEITMAN, PHILIP B</b> <b>1550 MADRUGA AVE STE 230</b> <b>CORAL GABLES, FL 33146</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Change</span> <span><input type="checkbox"/> Addition</span> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Change</span> <span><input type="checkbox"/> Addition</span> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Change</span> <span><input type="checkbox"/> Addition</span> </div>				
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, ST</u> 04/12/07      305-667-6461 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					

**PETER A. ROBERTS**