

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90332 005 ***150.00

DOCUMENT # S50802	
1. Entity Name PINE LAKE, INC.	

Principal Place of Business 1550 MADRUGA AVE STE 230 CORAL GABLES, FL 33156 US	Mailing Address C/O SHANE SUCHMAN, R. E., CO 1550 MADRUGA AVE S230 CORAL GABLES, FL 33146 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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40003016



01242008 Chg-P CR2E034 (12/06)

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

6. Name and Address of Current Registered Agent LAWRENCE E SUCHMAN 1550 MADRUGA AVE SUITE 230 CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUCHMAN, CLIFFFORD L <input type="checkbox"/> Delete 1550 MADRUGA AVE S230 CORAL GABLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST ZIMNY, JAMES F, JR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1550 MADRUGA AVE STE 230 CORAL GABLES FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUCHMAN, LAWRENCE E <input type="checkbox"/> Delete 1550 MADRUGA AVE S230 CORAL GABLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SUCHMAN, LAWRENCE E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1550 MADRUGA AVE STE 230 CORAL GABLES FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBERTS, PETER A <input checked="" type="checkbox"/> Delete 1550 MADRUGA AVE S230 CORAL GABLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SUCHMAN, LAWRENCE E <input type="checkbox"/> Delete 1550 MADRUGA AVE S230 CORAL GABLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEITMAN, PHILIP B <input type="checkbox"/> Delete 1550 MADRUGA AVE STE 230 CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James F. Zimny, Jr. 4/24/08 305 667-6461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #