

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S29722

Entity Name: PINES-JACKSONVILLE MANAGEMENT, INC.**Current Principal Place of Business:**3301 PONCE DE LEON BLVD.
PENTHOUSE
CORAL GABLES, FL 33134**Current Mailing Address:**3301 PONCE DE LEON BLVD.
PENTHOUSE
CORAL GABLES, FL 33134**FEI Number:** 65-0242273**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PINES, RICARDO EESQ.
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	PINES, GUSTAVO A
Address	3301 PONCE DE LEON, PH-SUITE
City-State-Zip:	CORAL GABLES FL 33134
Title	VSD
Name	PINES, RICARDO E
Address	3301 PONCE DE LEON BLVD, SUITE 200
City-State-Zip:	CORAL GABLES FL 33134
Title	VD
Name	PINES, EDURADO I
Address	3301 PONCE DE LEON BLVD, PH-SUITE
City-State-Zip:	CORAL GABLES FL 33134

Title	VTD
Name	PINES, FRANCISCO J
Address	3301 PONCE DE LEON BLVD.
City-State-Zip:	CORAL GABLES FL 33134
Title	D
Name	PINES, ELIZABETH C
Address	3301 PONCE DE LEON BLVD, PH-SUITE
City-State-Zip:	CORAL GABLES FL 33134
Title	D
Name	PINES-SILVA, MARIA CORINA
Address	3301 PONCE DE LEON BLVD, PH-SUITE
City-State-Zip:	CORAL GABLES FL 33134

I hereby 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 all other like empowered.

SIGNATURE: RICARDO PINES**PRESIDENT****03/31/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date