2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 619262

Address:

City-St-Zip:

934 NW 58TH STREET

SEATTLE, WA 98107 US

Entity Name: PILA & PILA, INC.

FILED Jan 04, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
4308 SOU TAMPA, F	ITHPARK DR °L 33624 US			
Current Mailing Address:			New Mailing Address:	
4308 SOU TAMPA, F	ITHPARK DR. EL 33624 US			
FEI Number	: 59-1906729	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
TAMPA, F	ITHPARK DR. 'L 33624 US			
	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing its register	ed office or registered agent, or both,
SIGNATU				
		c Signature of Registered Age	ent	Date
Election Ca	mpaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	S () PILA, HARRIET, 321 GORDON A SAN JOSE, CA	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () PILA, ESTHER, 934 NW 58TH S SEATTLE, WA		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P () PILA, KALMAN, 4234 WINDING TAMPA, FL 336		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TD () PILA, MORITZ, 4308 SOUTHPA TAMPA, FL 336		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	VP () PILA, BERNADE	Delete TTE,	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: MORITZ PILA TD 01/04/2008