2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000000077

1. Entity Name

P.I. PROPERTIES, INCORPORATED



Principal Place of Business Mailing Address

9034 BAY HARBOUR CIRCLE WEST PALM BEACH, FL 33411 9969 HUMPHREY ROAD CINCINNATI, OH 45242

FILED Mar 31, 2004 8:00 am Secretary of State

03-31-2004 90002 027 ***150.00



| ì | | | | | i 196(185 bill 6714 6/40 shu abit 8214 8214 8344 8541 6511 1241 165197 12 1981 | | | | |
|---|---|---------------------------------------|-----------------------------------|--------------------------------|--|-----------|-----------------------------------|--|--|
| | A MOT WOITE | 03032004 | 03032004 No Chg-P CR2E034 (10/03) | | | | | | |
| L | O NOT WRITE II | 4. FEI Number 31-1194 | | | Applied For Not Applicable | | | | |
| | | | | | of Status Desired | П | \$8.75 Additional Fee Required | | |
| | 6. Name and Address of Current Regis | tered Agent | | | | | | | |
| PATEL, NALIN P 9034 BAY HARBOUR CIRCLE WEST PALM BEACH, FL 33411 | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | named entity submits this statement for the prions of registered agent. | ourpose of changing its registere | d office or regis | stered agent, or both | ı, in the State of Flor | ida. I am | familiar with, and accept | | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title | if applicable. (NOTE: Registered | Agent signature req | uired when reinstating) | | DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | · _ , | \$5.00 May Be Added to Fees | | | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | | ···· | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | PS PATEL, JAGDISH P 9969 HUMPHREY ROAD CINCINNATI, OH 45242 | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | VT PATEL, VIJAY P 1980 SPRUCE DRIVE CARMEL, IN 46033 | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PATEL, NALIN P 1980 OPRUSE DRIVE 9034 Boy howbox Circle CARMEL, IN 46033 West Pelm Beach FG 33411 | | | DO NOT WRITE | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | IN T | THIS SP | ACE | | | |
| TITLE | | · · · · · · · · · · · · · · · · · · · | | | | | 1 | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

Joseph 1 fager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04

937-293-664-

Daytime Phone #