2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000000077

1. Entity Name

P.I. PROPERTIES, INCORPORATED



Principal Place of Business

9034 BAY HARBOUR CIRCLE WEST PALM BEACH, FL 33411 Mailing Address

9969 HUMPHREY ROAD CINCINNATI, OH 45242

FILED Apr 12, 2005 8:00 am Secretary of State

04-12-2005 90148 040 ***150.00



DO NOT WRITE IN THIS SPACE

03032004 No Chg-P CR2E034 (10/03)

4. FEI Number	Applied For
31-1194730	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

PATEL, NALIN P 9034 BAY HARBOUR CIRCLE WEST PALM BEACH, FL 33411

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8. The above the obligation	tions of registered agent.			egistered agent, or bot	th, in the State of Florida. I am familiar with, and ac	cept
	E NOW!!! FEE IS \$150.00. lay 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	0	\$5.00 May Be Added to Fees		
10. THILE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PS PATEL, JAGDISH P 9969 HUMPHREY ROAD CINCINNATI, OH 45242	TORS				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VT PATEL, VIJAY P 1980 SPRUCE DRIVE CARMEL, IN 46033			The second secon		e .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATEL, NALIN P 1980 SPRUCE DRIVE 9634 Ba GARMEL, IN 48033 West Palm	my Hasbor Circle Beach, Fb. 33411	V 65,6 *	DO	NOT WRITE	2 2 24
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in T	THIS SPACE	
TITLE NAME STREET ADORESS CITY-ST-ZIP						* _k
TITLE NAME STREET ADDRESS CITY-S1-ZIP			··.	8.2		
12. I hereby c indicated	certify that the information supplied with this fit I on this report or supplemental report is true ϵ	ing does not qualify for the exemption and accurate and that my signature sh	stated	I in Section 119.07(3)(i) e the same legal effect), Florida Statutes. I further certify that the informatic as if made under oath; that I am an officer or direct	on tor

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.

SIGNATURE:X

KINATURE AND TYPES

h P- Pater

JAGDISH P. PATEL

415705

931-293-6631

Daytime Phone #