


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 08:00 A
Secretary of State

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
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03302007 ---No-Chg-P---CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1194730	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 PATEL, NALIN P 9034 BAY HARBOUR CIRCLE WEST PALM BEACH, FL 33411

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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 _____ (NOTE: Registered Agent signature required when resigning) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PATEL, JAGDISH P 9969 HUMPHREY ROAD CINCINNATI, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PATEL, VIJAY P 1980 SPRUCE DRIVE CARMEL, IN 46033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATEL, NALIN P 7034 BAY HARBOR CIRCLE WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <i>X Jagdish P. Patel</i>	<i>X 3/15/08</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #