

**2009 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 24 AM 10:20

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



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

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1194730

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2009 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	PATEL, JAGDISH P
STREET ADDRESS	9969 HUMPHREY ROAD
CITY-ST-ZIP	CINCINNATI, OH 45242
TITLE	VT
NAME	PATEL, VIJAY P
STREET ADDRESS	1980 SPRUCE DRIVE
CITY-ST-ZIP	CARMEL, IN 46033
TITLE	V
NAME	PATEL, NALIN P
STREET ADDRESS	7034 BAY HARBOR CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100147009661
03/24/09--01004--002 **150.00

**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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jagdish P. Patel JAGDISH P. PATEL - PRESIDENT

3/16/09
Date

Daytime Phone #