

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90033 050 ***150.00

DOCUMENT # K47184

1. Entity Name
PINE GREEN PLAZA, INC.



Principal Place of Business
103 SW ST LUCIE LANE
STUART, FL 34994 US

Mailing Address
103 SW ST LUCIE LANE
STUART, FL 34994 US

40015651



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0136512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRITANO, ACHILLE
2308 NE GINGER TERRACE
JENSEN BEACH, FL 34957

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARRITANO, ACHILLE
STREET ADDRESS	103 SW ST LUCIE LANE
CITY-ST-ZIP	STUART, FL 34994

TITLE	D
NAME	LA HARA, MARIO
STREET ADDRESS	2468 NE GINGER TERRACE
CITY-ST-ZIP	JENSEN BEACH, FL 34957

TITLE	D
NAME	CAGLIANO, MARGHERITA
STREET ADDRESS	163 CYPRESS TRAIL
CITY-ST-ZIP	JENSEN BEACH, FL

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 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: Achille Garritano Achille Garritano 2/7/05 772-337-0295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #