

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

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



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0136512

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 _____

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

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000426412
02/20/06-80044-001 150.00

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 | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 139, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/06 772-283-2392
Date Daytime Phone #