

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 A
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



02202007 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

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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, 2007 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

U000000660608
03/20/07-80007-013 150.00

**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 officers empowered.

SIGNATURE: *Mario La Hara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #