

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M99326

FILED
Mar 19, 2009
Secretary of State

Entity Name: PLANTATION PINES ESTATES, INC.

Current Principal Place of Business:

3950 NW 167 ST
MIAMI, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

3950 NW 167 ST
MIAMI, FL 33014 US

New Mailing Address:

FEI Number: 65-0163152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHATHER, ALEX
3950 N.W. 167TH STREET
MIAMI, FL 33054 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AKDORUK, YILMAZ M
Address: 3950 N.W. 167TH ST.
City-St-Zip: MIAMI, FL

Title: VTSD () Delete
Name: SHATHER, ALEX
Address: 3950 N.W. 167TH ST.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: ADORUK, JANE S
Address: 3950 NW 167 STREET
City-St-Zip: MIAMI, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX SHATHER

VP

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date