2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095684

SAWHNEY, SHAMSHER

LIGTHHOUSE POINT, FL 33064

2436 NORTH FEDERAL HIGHWAY SUITE 280

Name:

Address:

City-St-Zip:

Entity Name: PILLAR MANAGEMENT GROUP, INC.

FILED Apr 17, 2008 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of Business:	
2436 NORTH FEDERAL HIGHWAY SUITE 280				
	USE POINT, F	FL 33064		
Current Mailing Address:			New Mailing Address:	
2436 NORTH FEDERAL HWY				
280 LIGHT HC	USE POINT, F	FL 33064		
FEI Number	: 06-1679198	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
2436 NOR 280	CKAS, ALDA TH FEDERAI O BEACH, FL			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
SIGNATUI	RE:			
Electronic Signature of Registered Agent			ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SKVERECKAS 2436 NORTH F) Delete , ALDA :EDERAL HWY SUITE 280 POINT, FL 33064	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VARONA, LAUI 2436 NORTH F) Delete REANO T EDERAL HIGHWAY POINT, FL 33064	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VARONA, ANTI 2436 NORTH F) Delete HONY EDERAL HIGHWAY SUITE 280 POINT, FL 33064	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D () Delete	Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LAUREANO A. VARONA COO 04/17/2008