

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90029 040 ***150.00

DOCUMENT # P02000119766 1. Entity Name PINE POINT NORTH CORP.					
Principal Place of Business 19810 QUEENSWOOD DRIVE JUPITER, FL 33458			Mailing Address ANTHONY VASLIAS 80 GRISTMILL LANE MANHASSET, NY 11030		
2. Principal Place of Business - No P.O. Box # Pappas Realty Suite, Apt. #, etc. 33-20 Broadway City & State Astoria, NY Zip 11106		3. Mailing Address c/o Pappas Realty Suite, Apt. #, etc. 33-20 Broadway City & State Astoria, NY Zip 11106			
Country USA		Country USA		4. FEI Number 20-3188594	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LIVADAS, MARY B 19810 QUEENSWOOD DRIVE JUPITER, FL 33458-1841			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VASILAS, ANTHONY 80 GRISTMILL LANE MANHASSET, NY 11030	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Parsons, Constance 33-20 Broadway Astoria, NY 11106
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD PAPPAS, NICHOLAS C 33-20 BROADWAY LONG ISLAND CITY, NY 11106	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD Pappas, Paulette 33-20 Broadway Astoria, NY 11106
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASILAS, SOPHIE 80 GRISTMILL LANE MANHASSET, NY 11030	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vasilas, Peter 33-20 Broadway Astoria NY 11106
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDRAS, ELPIS 3 BEECHTREE LANE MANHASSET, NY 11030	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Livanos, Sophia 33-20 Broadway Astoria, NY 11106
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVADAS, MARY B 19810 QUEENSWOOD DRIVE JUPITER, FL 33458	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pappas, Leah 33-20 Broadway Astoria, NY 11106
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPPAS, DEMETRICS 32-20 BROADWAY LONG ISLAND CITY, NY 11106	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pappas, Leah 33-20 Broadway Astoria, NY 11106
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
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 like empowered.					
SIGNATURE: <u>Constance Parsons</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7/15/08</u> Daytime Phone #: <u>718 728 2114</u>		