2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# P02000119766

Entity Name: PINE POINT NORTH CORP.

Current Principal Place of Business:

PAPPAS REALTY
33-20 BROADWAY
ASTORIA, NY 11106 US

New Principal Place of Business:

Current Mailing Address:

ANTHONY VASLIAS C/O PAPPAS REALTY
33-20 BROADWAY
ASTORIA, NY 11106 US

New Mailing Address:

CONSTANCE PARSONS C/O PAPPAS REALTY
33-20 BROADWAY
ASTORIA, NY 11106 US

FEI Number: 20-3188594 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVADAS, MARY B
19810 QUEENSWOOD DRIVE
JUPITER, FL 334581841 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: PTD ( ) Delete
Name: PARSONS, CONSTANCE
Address: 33-20 BROADWAY
City-St-Zip: ASTORIA, NY 11106

Title: VPSD ( ) Delete
Name: PAPPAS, PAULETTE
Address: 33-20 BRODWAY
City-St-Zip: ASTORIA, NY 11106

Title: D ( ) Delete
Name: VASILAS, PETER
Address: 33-20 BROADWAY
City-St-Zip: ASTORIA, NY 11106

Title: D ( ) Delete
Name: LIVANOS, SOPHIA
Address: 33-20 BROADWAY
City-St-Zip: ASTORIA, NY 11106

Title: D ( ) Delete
Name: LIVADAS, MARY B
Address: 19810 QUEENSWOOD DRIVE
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: PAPPAS, LEAH
Address: 32-20 BROADWAY
City-St-Zip: ASTORIA, NY 11106

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:

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: CONSTANCE PARSONS PTD 03/06/2009
Electronic Signature of Signing Officer or Director Date