

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90228 036 ***150.00

DOCUMENT # P03000064592

1. Entity Name
PINNACLE PROPERTY HOLDINGS, INC.



Principal Place of Business
**2220 SUNCLIFFS ST
PRIVATE HOME
LAS VEGAS, NV 89134 US**

Mailing Address
**2220 SUNCLIFFS ST
PRIVATE HOME
LAS VEGAS, NV 89134 US**

50003232



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

41-2173253

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

**BROXMEYER, BARBARA L
23164 VIA STEL
BOCA RATON, FL 33433**

Name

Brian Rosenberg

Street Address (P.O. Box Number is Not Acceptable)

100 E. Linton Blvd Suite 131-A

City

Delray Beach

FL

Zip Code

33483

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

1/18/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PVST
BORXMAYER, BARBARA L
23164 VIA STEL
BOCA RATON, FL 33433**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PVST
Barbara Broxmeyer
2220 Suncliffs Street
Las Vegas NV 89134**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ 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:

Barbara Broxmeyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06

Date

702.233.4844

Daytime Phone #