

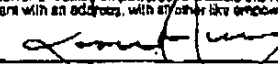
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S19867

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 19 PM 3:43

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S19867					
1. Entity Name PINELLAS SOUTHLAND PLAZA, INC.					
Principal Place of Business 7211 FIRST AVENUE SOUTH SAINT PETERSBURG, FL 33707			Mailing Address C/O PAPPAS RETAIL LEASING MGMT. PO BOX 48547 ST. PETERSBURG, FL 33743 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 52-1720824	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PAPPAS RETAIL LEASING & MGMT. 7211 FIRST AVENUE SOUTH SAINT PETERSBURG, FL 33707				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ DATE: _____ Signature, typed or printed name of registered agent and day of registration. (NOTE: Registered Agent signature required when replacement)					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Section 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	DPT PEREIRA, LEONARDO 1162 COLLEGE ST. TORONTO, ONT., CAN.. ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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:  Date: June 07/06 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					