


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S19867</b> 1. Entity Name <b>PINELLAS SOUTHLAND PLAZA, INC.</b>	
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Principal Place of Business <b>C/O ROSS REALTY GROUP 3001 EXECUTIVE DR, SUITE 250 CLEARWATER, FL 33762-5324</b>	Mailing Address <b>C/O ROSS REALTY GROUP 3001 EXECUTIVE DR, SUITE 250 CLEARWATER, FL 33762-5324</b>
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**DO NOT WRITE IN THIS SPACE**



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>52-1720824</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ELLIOTT M. ROSS/ ROSS REALTY GROUP  
3001 EXECUTIVE DR., SUITE 250  
CLEARWATER, FL 33762**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000948748 06/02/08-80067-016 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT PEREIRA, LEONARDO 1152 COLLEGE ST. TORONTO, ONT., CAN.,</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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, 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 an officer like empowered.

**SIGNATURE:**  **Elliott M. Ross, Agent** 4-16-08 727-725-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **2800**