


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # V29487 1. Entity Name PINEHILL PLAZA & APARTMENTS, INC.	
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Principal Place of Business 7927 JOHNSON ST PEMBROKE PINES, FL 33024 US	Mailing Address 5400 JOHNSON STR HOLLYWOOD, FL 33021-5724 US
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0326435	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KARAKUNNEL, THOMAS
5400 JOHNSON ST.
HOLLYWOOD, FL 33021

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000112270
04/14/04-80016-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KARAKUNNEL, JOSEPH J 6851 FALCONSGATE AVE DAVIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PARAVATTIL, JOSEPH 4630 LINCOLN STR HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KARAKUNNEL, GEORGE J 6832 E LONGBOW BEND DAVIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KARAKUNNEL, THOMAS J 5400 JOHNSON STR HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas J. Karakunnel 4/10/04 954-359-6121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #