

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # V29487
1. Entity Name PINEHILL PLAZA & APARTMENTS, INC.

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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04062005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent KARAKUNNEL, THOMAS 5400 JOHNSON ST. HOLLYWOOD, FL 33021

DO NOT WRITE 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** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

U00000295715
04/09/05-80038-021 150.00

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 KARAKUNNEL **4/5/05** **954 359 6121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #