

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 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



04112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**5. 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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**

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

1100000510295  
04/29/06-80001-002 150.00

**DO NOT WRITE  
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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS J KARAKUNNEL 4/11/06 954-359-6121

Date

Daytime Phone #