2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # V29487

1. Entity Name

PINEHILL PLAZA & APARTMENTS, INC.



Principal Place of Business

7927 JOHNSON ST

PEMBROKE PINES, FL 33024

Mailing Address

5400 JOHNSON STR

HOLLYWOOD, FL 33021-5724 US

FILED Apr 10, 2007 08:00 Al Secretary of State



01162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0326435

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KARAKUNNEL, THOMAS 5400 JOHNSON ST. HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

							2.1
	named entity submits this statement for the prize agent.	urpose of changing its register	ed office or r	egistered agent, o	or both, in the Sta	ite of Florida. I am fam	niliar with, and accept
SIGNATURE.	•				F 3	1 -	
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Registere	d Agent signature	required when reinstating	ng)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May B Added to Fees			·
10.	OFFICERS AND DIREC	TORS	7.4.			(. 7 × 3 × 6 × 4 × 4 × 4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARAKUNNEL, JOSEPH J 6851 FALCONSGATE AVE DAVIE, FL		W.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0000006995	W. (1)
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TITLE NAME SIREET ADDRESS CITY-ST-ZIP	SD KARAKUNNEL, GEORGE J 6832 E LONGBOW BEND DAVIE, FL			D	O NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KARAKUNNEL, THOMAS J 5400 JOHNSON STR HOLLYWOOD, FL			, IN	N THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-7IP						ing profits.	

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 all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP