


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
**7927 JOHNSON ST**      **5400 JOHNSON STR**  
**PEMBROKE PINES, FL 33024 US**      **HOLLYWOOD, FL 33021-5724 US**

**DO NOT WRITE IN THIS SPACE**



01162007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0326435</b>	Applied For 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  
**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, 2007 Fee will be \$550.00**

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

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**

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 04/19/07-80048-008 150.00

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:** Thomas J Karakunnel (TD)      4/2/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #