

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 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



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

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, 2008 Fee will be \$550.00

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

U00000889624
04/22/08-80065-002 150.00

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 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

4/7/08

Date

954-359-6121

Daytime Phone #