2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V29487

FILED Apr 04, 2009 Secretary of State

Entity Name: PINEHILL PLAZA & APARTMENTS, INC.

Current P	rincipal Place	of Business:	New Principal Place	e of Business:	
7927 JOHI PEMBROK	NSON ST (E PINES, FL 3	33024 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	NSON STR DOD, FL 33021	5724 US			
FEI Number:	: 65-0326435	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
5400 JOHI	INEL, THOMAS NSON ST. DOD, FL 33021				
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Floatron	ic Signature of Registered Age	m.t		
	Electroni	ic Signature of Registered Age	rit.	Date	
Election Car		Trust Fund Contribution ().	nı	Date	
		Trust Fund Contribution ().		Date BES TO OFFICERS AND DIRECTORS:	
	mpaign Financing	Trust Fund Contribution (). FORS: Delete JOSEPH J			
OFFICERS Title: Name: Address:	PD () KARAKUNNEL, 6851 FALCONS DAVIE, FL	Trust Fund Contribution (). FORS: Delete JOSEPH J GATE AVE Delete DSEPH STR	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTORS:	
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () KARAKUNNEL, 6851 FALCONS DAVIE, FL VD () PARAVATTIL, JG 4630 LINCOLN 1 HOLLYWOOD, I	Trust Fund Contribution (). FORS: Delete JOSEPH J GATE AVE Delete DSEPH STR FL Delete GEORGE J	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	SES TO OFFICERS AND DIRECTORS: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J KARAKUNNEL RA 04/04/2009