

1.) CORPORATION NAME: <b>PINES OF NAPLES, INCORPORATED</b>	DUE DATE: <b>4/30/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ABDUL KHALIQUE 9520 LYRA CT BURKE, VA</b>	SCC ID NO: <b>04266243</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3207 COLUMBIA PIKE

CITY/ST/ZIP: ARLINGTON, VA 22204

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ABDUL KHALIQUE	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 9520 LYNA COURT				
CITY/ST/ZIP/CO: BURKE, VA 22015				
NAME: SHUMYLA KHALIQUE	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: D				
ADDRESS: 9520 LYRA COURT				
CITY/ST/ZIP/CO: BURKE, VA 22015				
NAME: SAMEENA KHALIQUE	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: D				
ADDRESS: 9520 LYRA COURT				
CITY/ST/ZIP/CO: BURKE, VA 22015				
NAME: KALSOOM KHALIQUE	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 9520 LYRA COURT				
CITY/ST/ZIP/CO: BURKE, VA 22015				

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ABDUL KHALIQUE	ABDUL KHALIQUE, DIRECTOR	4/30/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.