

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000020919

Entity Name: PINKNEY LAW FIRM, P.A.

FILED
May 28, 2009
Secretary of State

Current Principal Place of Business:

10011 PINES BOULEVARD
SUITE 203A
PEMBROKE PINES, FL 33024

Current Mailing Address:

10011 PINES BOULEVARD
SUITE 203A
PEMBROKE PINES, FL 33024

New Principal Place of Business:

10031 PINES BOULEVARD
SUITE 237
PEMBROKE PINES, FL 33024

New Mailing Address:

P.O. BOX 260244
PEMBROKE PINES, FL 33026

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINKNEY, LAVERNE O
100211 PINES BOULEVARD
SUITE 203A
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

PINKNEY, LAVERNE O
10031 PINES BLVD
SUITE 237
PEMBROKE PINES, FL 33026 US

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.

SIGNATURE: LAVERNE O PINKNEY

05/28/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PINKNEY, LAVERNE O
Address: 10011 PINES BOULEVARD, SUITE 203A
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete
Name: PINKNEY, CHARLENE M
Address: 10011 PINES BOULEVARD, SUITE 203A
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T () Delete
Name: PINKNEY, LAVERNE O
Address: 10011 PINES BOULEVARD, SUITE 203A
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S () Delete
Name: PINKNEY, CHARLENE M
Address: 10011 PINES BOULEVARD, SUITE 203A
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PINKNEY, LAVERNE O
Address: P.O. BOX 260244
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP (X) Change () Addition
Name: PINKNEY, CHARLENE M
Address: P.O. BOX 260244
City-St-Zip: PEMBROKE PINES, FL 33026

Title: T (X) Change () Addition
Name: PINKNEY, LAVERNE O
Address: P.O. BOX 260244
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S (X) Change () Addition
Name: PINKNEY, CHARLENE M
Address: P.O. BOX 260244
City-St-Zip: PEMBROKE PINES, FL 33026

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: LAVERNE O PINKNEY

P

05/28/2009

Electronic Signature of Signing Officer or Director

Date