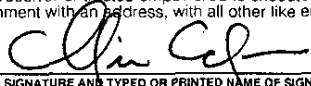


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90093 033 ***150.00

DOCUMENT # P94000081719 1. Entity Name DOINK, INC.			
Principal Place of Business 117 MAJORCA AVE CORAL GABLES, FL 33134 US		Mailing Address 117 MAJORCA AVE CORAL GABLES, FL 33134 US	
2. Principal Place of Business 117 MAJORCA AVE. Suite, Apt. #, etc. UNIT 101 City & State CORAL GABLES, FL Zip 33134 Country USA		3. Mailing Address 117 MAJORCA AVE. Suite, Apt. #, etc. UNIT 101 City & State CORAL GABLES, FL Zip 33134 Country USA	
4. FEI Number 65-0536779		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		07022004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CALDERIN, CHARLES 117 MAJORCA AVE. CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name CHARLES C. DE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALDERIN, CHARLES 8525 SW 74 TERR. MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHARLES CALDERIN 8101 SW 81 COURT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		7/2/2004 305-529-0121	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

54060318



Attachment

54060318
P94000087719

Annual Report Section
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

July 2, 2004

To Whom it May Concern:

We recently received a notice of intent to dissolve from the Division of Corporations, but were unaware that our annual report had not been received. To our knowledge, it was mailed on April 22, 2004 including check #2220 dated April 21, 2004 from Mellon United National Bank, which has never been cashed. Included you will find the completed form and check #2340 for \$150.00. I was told that if I included this information, the \$400.00 late fee could be waived. Please let me know if there is anything else you need from us. Thank you so much for your time and attention.

Kindest regards,

Charlie Calderin/Doink