

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000020919

**Entity Name:** PINKNEY LAW FIRM, P.A.

**Current Principal Place of Business:**

15800 PINES BOULEVARD  
SUITE 3047  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

P.O. BOX 260244  
PEMBROKE PINES, FL 33026

**FEI Number:** 20-5453589

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PINKNEY, LAVERNE O  
15800 PINES BOULEVARD  
3047  
PEMBROKE PINES, FL 33027 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

**04/29/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PINKNEY, LAVERNE O  
Address P.O. BOX 260244  
City-State-Zip: PEMBROKE PINES FL 33026

Title VP  
Name PINKNEY, LAVERNE O  
Address P.O. BOX 260244  
City-State-Zip: PEMBROKE PINES FL 33026

Title T  
Name PINKNEY, LAVERNE O  
Address P.O. BOX 260244  
City-State-Zip: PEMBROKE PINES FL 33026

Title S  
Name PINKNEY, LAVERNE O  
Address P.O. BOX 260244  
City-State-Zip: PEMBROKE PINES FL 33026

*I hereby 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 all other like empowered.*

**SIGNATURE:** LAVERNE O. PINKNEY

**PRESIDENT**

**04/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date