2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 12, 2007 08:00 Al Secretary of State **DOCUMENT # M38842** 1. Entity Name MINK & MINK, INC. Principal Place of Business Mailing Address C/O D.K. MINK C/O D.K. MINK 3081 E COMMERCIAL BLVD 3081 E COMMERCIAL BLVD FT. LAUDERDALE, Ft. 33308 FT, LAUDERDALE, FL 33308 02082007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-2723467 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE 3081 E COMMERCIAL BLVD FT. LAUDERDALE, FL 33308 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MINK, D.K. 3081 E COMMERCIAL BLVD STREET ADDRESS FT. LAUDERDALE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP __02/20/07-80036-016 TITLE man in man to make man, the opposition of NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the receiver or mostle 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 applicass with all other like empowered.

SIGNATURE: \

STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED