2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M38842

1. Entity Name MINK, INC.



FILED Mar 10, 2008 08:00 A Secretary of State

Principal Place of Business

C/O D.K. MINK 3081 E COMMERCIAL BLVD FT. LAUDERDALE, FL 33308 Mailing Address

C/O D.K. MINK 3081 E COMMERCIAL BLVD FT. LAUDERDALE, FL 33308



DO NOT WRITE IN THIS SPACE

03072008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-2723467 Not Applicable

5. Certificate of Status Desired S8.75 Additional

Name and Address of Current Registered Agent

MINK, D.K. 3081 E COMMERCIAL BLVD FT. LAUDERDALE, FL 33308

DO NOT WRITE

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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OATE						
FILE NOVIII FEE 13 3 130.00		Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	上海沿地	ii dhakana	Fig. F.J. A. C. G. C. B. C.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINK, D.K. 3081 E COMMERCIAL BLVD FT. LAUDERDALE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NØI:WRI	TEI II
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Maria No	THIS SPA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•					

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 suppliemental 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 society 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-09

954-771-1717