

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005809

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** PUSHING PINK TO ERADICATE BREAST CANCER INCORPORATED

**Current Principal Place of Business:**

3719 NW 1ST COURT  
FORT LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

86227 FIELDSTONE DRIVE  
YULEE, FL 32097 US

**Current Mailing Address:**

P.O. BOX 121406  
FORT LAUDERDALE, FL 33311

**New Mailing Address:**

86227 FIELDSTONE DRIVE  
YULEE, FL 32097 US

**FEI Number:** 35-2370443

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMITH, KIMBERLY CEO  
9600 NW 7TH CIRCLE  
#1422  
PLANTATION, FL 33311 US

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

SMITH- SMILEY, CYMONNE CEO  
86227 FIELDSTONE DRIVE  
YULEE, FL 32097 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: CYMONNE SMITH-SMILEY

04/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTTD  
Name: SMITH- SMILEY, CYMONNE  
Address: 86227 FIELDSTONE DRIVE  
City-St-Zip: YULEE, FL 32097

Title: STD  
Name: SMITH- MASSEY, CANDACE  
Address: 3719 NW 1ST CT.  
City-St-Zip: LAUDERHILL, FL 33311 US

Title: VTTD  
Name: SMILEY, FRED JR.  
Address: 86227 FIELDSTONE DRIVE  
City-St-Zip: YULEE, FL 32097 US

Title: TD  
Name: POWELL, LYDIA  
Address: 2507 BOULDER SPRINGS POINT  
City-St-Zip: ELLENWOOD, GA 30294

Title: TD  
Name: POWELL, JACK II  
Address: 2507 BOULDER SPRINGS POINT  
City-St-Zip: ELLENWOOD, GA 30294

Title: TD  
Name: SMITH, LODIS  
Address: 3719 N.W 1ST COURT  
City-St-Zip: FORT LAUDERDALE, FL 33311

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CYMONNE SMITH- SMILEY

PTTD

04/23/2012

Electronic Signature of Signing Officer or Director

Date