

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000007087

1. Entity Name
PINKOWSKI INSTITUTE, INC.



Principal Place of Business
**9900 STIRLING ROAD #200
COOPER CITY, FL 33024**

Mailing Address
**9900 STIRLING ROAD #200
COOPER CITY, FL 33024**



04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0800564

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PINKOWSKI, JACK
9900 STIRLING RD.
SUITE 200
COOPER CITY, FL 33024**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000147428
05/03/04-80105-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PINKOWSKI, EDWARD 10212 SW 59 ST COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD PINKOWSKI, JACK 9900 STIRLING ROAD #200 COOPER CITY, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PINKOWSKI, JAMES D 3900 UNIVERSTIY DR, #200 FAIRFAX, VA 22030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PINKOWSKI, CONNIE 10212 SW 59 ST COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: *Edward Pinkowski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2004
Date

Daytime Phone # _____