

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 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**



01262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0800564

Applied For
Not Applicable

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PINKOWSKI, EDWARD
STREET ADDRESS 10212 SW 59 ST
CITY-ST-ZIP COOPER CITY, FL 33328

TITLE VSD
NAME PINKOWSKI, JACK
STREET ADDRESS 9900 STIRLING ROAD #200
CITY-ST-ZIP COOPER CITY, FL 33024

TITLE VD
NAME PINKOWSKI, JAMES D
STREET ADDRESS 3900 UNIVERSTIY DR, #200
CITY-ST-ZIP FAIRFAX, VA 22030

TITLE D
NAME PINKOWSKI, CONNIE
STREET ADDRESS 10212 SW 59 ST
CITY-ST-ZIP COOPER CITY, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000606681
01/31/07-80007-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-07 954-432-9900