FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 000000 84966

1. Entity Name PINKSTON, DX.

FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90142 048 ***150.00

90061503

DO NOT WRITE IN THIS SPACE

2. Principal Place of Busin 10121 ん、S	1888	3. Mailing Address	SUNRISE BLUD			
Suite Apt. #, etc.		Suite, Apt. #, etc. # 106		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number	Applied For	
City & State PLANTATION		PLANTATION		4. FEI Number Applied Fo. 65 -/0378/5 Applied Fo. Not Applied		
^{Zip} 33322	,	333 2 5	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
137463416343				7. Name and Address of Current Register	red Agent	
			Name S	CHWARTZ, MICHAEI	۷.	
34 345 340 34		RITE	Street Address ((P.O. Boy Number is Not Acceptable)		

IN THIS SPACE

7. Name and Address of Current Registered Agent				\gent
Name	Saw	DETZ, MICH	IAEL	
Street A	ddress (P.O. Box 1 25 14	Number is Not Acceptable)	BLU	S
	# 508	3 .		
City	1000140	3~~~^	FI	Zin Code

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.

This corporation is eligible to satisfy its Intangible

•Tax filing requirement and elects to do so.

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) Make Check Payable to Department of State (*)				
11.	OFFICERS AND DIRECTORS	THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH		
NAME STREET ADDRESS CITY-ST-ZIP	D PINKSTON BEIAN POIQI W. SUNRISE BLVD, #106 PLANTATION, FL 333QQ	TIFLE (1994) (NAME: STREET ADDRESS) CITY: STREET ADDRESS = 2.73		
NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CIFF ST 202 V		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STRET ADDRESS DO NOT WRITE 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE AND CONTROL OF CONT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE STATE TO THE STREET ADDRESS CHYSISTEE STATE TO THE STATE STATE TO THE STATE ST		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY ST-70P		

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

R/20/12

9-4-476-6128