2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State

DOCUMENT # P00000100335 1. Entity Name A PINK PRINCESS INC.					04-26-200.	5 90144 0	01 ***15	0.00
Principal Place of Business Mailing Address 1120 S. FEDERAL HWY. BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435				1 (8 8 (18 8 1)	II es iik se rii ce ik se rii :	FEIRI IIRII RDII: ER		NESI & IESI
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.			03312005	Chg-P	CR2E0	34 (10/03)	
City & State	City & State			l		oplied For ot Applicable		
Zip Country	Zip	Counti	ry	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name					
KYSIA, JANET K 1120 S. FEDERAL HWY BOYNTON BEACH, FL 33435			Street Address (P.O. Box Numb	per is Not Acceptal	ble)		
	" · · · · · · · · · · · · · · · · · · ·					FL	Zip Cod	e
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 frame of registered Ment and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10. OFFICERS AND		11.		ADDITIONS	/CHANGES TO O	FFICERS AND		
NAME NADEAU, DEZIEL	NADEAU, DEZIEL NAM						Change	☐ Addition
STREET ADDRESS 1212 MULBERRY CITY-ST-ZIP WELLINGTON, FL 33414	WELLINGTON, FL 33414							
TITLE V NAME KYSIA, JANET K	· Delete						☐ Change	Addition
STREET ADDRESS 5740 DES CARTES CIR. CITY-ST-ZIP BOYNTON BEACH, FL 33437								
TITLE ST NAME UHAZIE, MARION STREET ADDRESS 3201 S. OCEAN BLVD.	UHAZIE, MARION 3201 S. OCEAN BLVD. STRE						☐ Charige	☐ Addition
TITLE HIGHLAND BEACH, FL 33487	HIGHLAND BEACH, FL 33487 CITY-						☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			ET ADDRESS ST-ZIP					
TITLE	☐ Delete TITLE NAME						Change	Addition
STREET ADDRESS CITY-ST-ZIP		STREE	T ADDRESS ST-ZIP					
TITLE NAME	☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		STREE	T ADDRESS ST-ZIP					
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 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: SIGNATURE AND TYPED OR PRINTED/NAME OF SIGNING OFFICER OR DIRECTOR USE Daylore Pront 4								