

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000079580**

1. Entity Name  
PINNACLE PROMOTIONS & MARKETING, INC.



Principal Place of Business  
4963 N. PINE AVE.  
#101  
WINTER PARK, FL 32792

Mailing Address  
4963 N. PINE AVE.  
#101  
WINTER PARK, FL 32792



04262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3737130

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DAVIES, ROSEMARY  
4963 N. PINE AVE.  
#101  
WINTER PARK, FL 32792

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000753942  
05/22/07-80038-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DAVIES, ROSEMARY
STREET ADDRESS	4963 N PINE AVE #101
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	VP
NAME	HUSSAIN, ZAHID
STREET ADDRESS	5311 BINNACLE CT
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 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:**

*Rosemary Davies*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-07 407-681-1111