

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2007 08:00 AM
Secretary of State**

DOCUMENT # P01000112491

1. Entity Name
PINKY AND BLUE ENTERPRISES, INC.



Principal Place of Business
**304 NW 95TH AVE
PLANTATION, FL 33324**

Mailing Address
**304 NW 95TH AVE
PLANTATION, FL 33324**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3850392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRASSO, ROBERT F
304 NW 95TH AVE
PLANTATION, FL 33324**

**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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	GRASSO, ROBERT F
STREET ADDRESS	304 NW 95TH AVE
CITY-ST-ZIP	PLANTATION, FL 33324

TITLE	DVS
NAME	GRASSO, JAN R
STREET ADDRESS	304 NW 95TH AVE
CITY-ST-ZIP	PLANTATION, FL 33324

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80072-016 150.00

**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:

Robert F. Grasso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/07