

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034020

Entity Name: PINKGARDEN CORP.

FILED  
Mar 17, 2009  
Secretary of State

## Current Principal Place of Business:

10001 W BAY DR  
BAY HARBOR ISLAND, FL 33154

## New Principal Place of Business:

150 SE 2ND ST  
1110  
MIAMI, FL 33131

## Current Mailing Address:

10001 W BAY HARBOR DR  
SUITE 204  
BAY HARBOR ISLAND, FL 33154

## New Mailing Address:

150 SE 2ND ST  
1110  
MIAMI, FL 33131

FEI Number: 46-0475818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ABRAMSON, EDWARD J ESQ.  
7270 N.W. 12TH STREET  
SUITE 580  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LAGLAIVE, GUSTAVO F  
Address: 10001 W BAY HARBOR DR  
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: VD ( ) Delete  
Name: GIANESE, EDUARDO D  
Address: 10001 W BAY HARBOR DR  
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: SD ( ) Delete  
Name: RODRIGUEZ, ANDRES  
Address: 141 NE 3RD AVE.  
City-St-Zip: MIAMI, FL 33132

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAGLAIVE GUSTAVO

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date