

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90386 016 ***155.00

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1. Entity Name
FLAMINGO PRODUCTS AND EQUIPMENT, INC.



Principal Place of Business

**1001 SW 128 TERR. #404B
PEMBROKE PINES, FL 33027**

Mailing Address

**1001 SW 128 TERR. #404B
PEMBROKE PINES, FL 33027**

DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number
81-0549737

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NIKORAWALLA, KERSI
1001 SW 128 TERR. #404B
PEMBROKE PINES, FL 33027**

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLAMINGO PRODUCTS & EQUIPMENT, INC.
STREET ADDRESS	1001 SW 128 TERR. #404B
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	DIRECTOR
NAME	NIKORAWALLA, KERSI
STREET ADDRESS	1001 S.W. 128th TERR. (B404)
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Nikorawalla Kersi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NIKORAWALLA KERSI (DIRECTOR)

Date

Daytime Phone #

4/18/05 786-252-9810