

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90998 024 \*\*\*150.00

DOCUMENT # P02000058928

1. Entity Name

PINK ANGEL, INC.



Principal Place of Business

~~9930 NW 13 COURT~~  
~~PEMBROKE PINES FL 33024~~

Mailing Address

~~9930 NW 13 COURT~~  
~~PEMBROKE PINES FL 33024~~

2. Principal Place of Business

1642 S.E. Misthote Street  
Suite, Apt. #, etc.

3. Mailing Address

1642 S.E. Misthote St.  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Port St. Lucie, FL  
Zip 34983 Country USA

City & State

Port St. Lucie, FL  
Zip 34983 Country USA

4. FEI Number

30-0080297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAIBERGER, DONNA I

~~9930 NW 13 COURT~~  
~~PEMBROKE PINES FL 33024~~

1642 S.E. Misthote Street  
Port St. Lucie, FL 34983

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Donna I. Maiberger

Registered Agent

4/24/04

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME MAIBERGER, DONNA I  
STREET ADDRESS ~~9930 NW 13 COURT~~  
CITY-ST-ZIP ~~PEMBROKE PINES FL 33024~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME Maiberger, Donna I.  
STREET ADDRESS 1642 S.E. Misthote Street  
CITY-ST-ZIP Port St. Lucie, FL 34983

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-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

Donna I. Maiberger  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04 (772) 879-7724  
Date Daytime Phone #