2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000108223

Entity Name: PICINK, INC.

FILED Mar 11, 2004 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
·					
3890 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952			В	-	
				ARLOTTE, FL 33952 US	
Current Mailing Address:			New Maili	New Mailing Address:	
3890 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 FEI Number: 65-0873419 FEI Number Applied For () FEI N			3890 TAMI B	IAMI TRAIL	
				PORT CHARLOTTE, FL 33952 US	
			FEI Number Not App	Number Not Applicable () Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
25157 LAH PUNTA G	HUK, KATHERII HORE LANE ORDA, FL 339	83 US			
	e named entity s e of Florida.	submits this statement for the p	urpose of changing i	its registered office or registered agent, or both,	
SIGNATUI					
		ic Signature of Registered Age	nt	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	P () SLIPAT CHUK, 25157 LAMORE PUNTA GORDA	LANE	Title: Name: Address: City-St-Zip:	P (X) Change () Addition SLIPAT CHUK, KATHERINE 25157 LAMORE LANE PUNTA GORDA, FL 33983 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition SLIPATCHUK, ROMAN 25157 LAHORE LANE PUNTA GORDA, FL 33983 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition MARINOV, IAVOR 674 SAXON BLVD. DELTONA, FL 32725 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition WOLOWEC, WOLODIMIR 9223 GRACE LANE PHILADELPHIA, PA 19115 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition WOLOWEC, VERA 9223 GRACE LANE PHILADELPHIA, PA 19115 US	
Title: Name:	()	Delete	Title: Name: Address:	S () Change (X) Addition MARINOV, KOUNKA	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHERINE SLIPATCHUK P 03/11/2004