


FILED
Jul 26, 2005 8:00 am
Secretary of State

6/2

06-29-2005 90002 039 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000092533			
1. Entity Name SINK DA INK INC.			
Principal Place of Business 11918 NW 7 AVE. MIAMI, FL 33167		Mailing Address 11918 NW 7 AVE. MIAMI, FL 33167	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1256703		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 SANCHEZ, JAVIER 11918 NW 7 AVE. MIAMI, FL 33167		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: <i>Javier Sanchez</i> DATE: 06-27-05 <small>(NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANCHEZ, JAVIER 1635 NW 124 ST. MIAMI, FL 33167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Javier Sanchez</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		Date: 06-27-05 Telephone: (305) 685-1990	

bb043073



06272005 Chg-P CR2E034 (10/03)

ATTACHMENT
Diego N. Alvado & Associates PA
Accounting & Bookkeeping Services
Income Tax Preparation.
(305) 685-3623

66025073

July 11, 2005

Florida Dept. of State
Division of Corporations
Tallahassee, Florida 32314

RE: Sink DA Ink. Inc.
P04000092533

Dear Sirs:

As per your notice dated 06/30/2005, please kindly allow us to explain.

The above Corporation had only 2 months of operations by the year ending 12/31/2004.

A corporation annual report notice was never received by the taxpayer.

He finally find me as an accountant and I requested a copy of his corporation annual report.

Since he never received his annual report notice, according with your instructions, we send you a ck for \$ 150.00.

This is a very small firm, just beginning to do some business, please kindly allow us our request

All your help and prompt attention to this matter will be very much appreciated.

Respectfully submitted,



Diego N. Alvado
BBA in Accountitng.