2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 08:00 A Secretary of State

| ANNUAL REPURI | | | | 0 0 2, 200, 00. |
|---|--|-----------------------------|-----------------------------------|---|
| DOCUMENT # P0400009253 1. Entity Name SINK DA INK INC. | 33 | | | Šecretary of St |
| Principal Place of Business | Mailing Address | | | |
| 11918 NW 7 AVE. 11918 NW 7 AVE. MIAMI, FL 33167 | | | | |
| IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | MINMI, FE 33107 | | | D #801 4(4) \$6((\$6((\$6((\$6((\$6((\$6((\$6((\$6(|
| DO NOT WRITE IN THIS SPACE | | CE | 04302007 4. FE! Numb 20-125 | |
| 6. Name and Address of Current Reg | Istered Agent | | | |
| SANCHEZ, JAVIER 11918 NW 7 AVE. MIAMI, FL 33167 | | | - | NOT WRITE THIS SPACE |
| The above named only submits this statement or the the obligations of registered agent. | purpose of changing its register | red office or register | ed agent, or bo | oth, in the State of Florida I am familiar with, and accept |
| 1 American State | 11/2/ | | | 4-30/07 |
| SIGNATURE Signature, typed or priviled name or registored agent and to | tle it applicable (NOTE: Registers | ed Ageni signature required | when reinstating) | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | Election Campaign Final Trust Fund Contribution. | | .00 May Be ed to Fees | U00000755644 05/22/07-80110-007 150.00 |
| 10. OFFICERS AND DIR | ECTORS | | | |
| ITILE PD NAME SANCHEZ, JAVIER | | 1 | | |
| STREET ADDRESS 1635 NW 124 ST. | | | | |
| CITY-ST-ZIP MIAMI, FL 33167 | | 4 | | |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-SI-ZIP TITLE | | - | | |
| NAME | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | DO | NOT WRITE |
| TITLE | | - | _ | |
| NAME | | : | IN | THIS SPACE |
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| TITLE | | | | |
| NAME | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | |
| MILE | | | | |
| NAME CONTROL INCOME. | | | | |
| STREET AODRESS CITY-ST-ZIP | | | | |
| 12. I hereby certify that the information supplied with this | e and accurate and that my signa rea to execute this report as requ | ature chall have the | same lenal ette | 9. Florida Statutes ! further certify that the information act as if made under cath; that I am an officer or director les; and that my name appears in Block 10 or Block 11 if |
| SIGNATURE: Ann | angle | | 4- | 30-07 |
| SIGNATURE AND TYPED OR PRINT | TED NAME OF SIGNING OFFICER OR DIREC | CTOR | | Date Daytime Phone # |