

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90099 031 ***150.00

DOCUMENT # P04000114372 1. Entity Name PINKY'S TRUCKING INC.					
Principal Place of Business 3737 NW 24TH STREET LAUDERDALE LAKES, FL 33313			Mailing Address 3737 NW 24TH STREET LAUDERDALE LAKES, FL 33313		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 55-0881475	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LIVERPOOL, RUTH 4974 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 this obligation of registered agent.				FL Zip Code	
SIGNATURE <i>Ruth Liverpool</i> Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when registering)				DATE 3/1/05	
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 DIRECTIONS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKS, MARGARET 3737 NW 24TH STREET LAUDERDALE LAKES, FL 33313	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, HOWARD 3737 NW 24TH STREET LAUDERDALE LAKES, FL 33313	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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>M. Parks</i> SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, OFFICER OR DIRECTOR					