

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092801

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PINK PAT ENTERPRISE INC

## Current Principal Place of Business:

824 AMBER WAY  
202  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

824 AMBER WAY  
202  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

643 DORY LANE  
102  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

643 DORY LANE  
102  
ALTAMONTE SPRINGS, FL 32714

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONDE, PATRICIA C  
824 AMBER WAY  
202  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

CONDE, PATRICIA C  
643 DORY LANE  
102  
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: PATRICIA C. CONDE

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P, T ( ) Delete  
Name: CONDE, PATRICIA C  
Address: 824 AMBER WAY # 202  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T (X) Change ( ) Addition  
Name: CONDE, PATRICIA C  
Address: 643 DORY LANE #102  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PATRICIA C. CONDE

MS.

04/30/2009

Electronic Signature of Signing Officer or Director

Date