


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000014545

1. Entity Name
DINKU CORPORATION, INC.



Principal Place of Business Mailing Address

**1042 BERKLEY RD
AUBURNDALE FL 33823** **4342 THOMASWOOD LANE
WINTER HAVEN FL 33880**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number Applied For
59-3223878 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PATEL, NILKANTHRAY A 1042 BERKLEY RD AUBURNDALE FL 33823		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE			
NAME	PATEL, NILKANTHRAY A	NAME		NAME			
STREET ADDRESS	1042 BERKLEY RD	STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL 33823	CITY-ST-ZIP		CITY-ST-ZIP	U00000498484		
					04/22/06-80097-013 150.00		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE			
NAME	PATEL, VAISHAKHA	NAME		NAME			
STREET ADDRESS	1042 BERKLEY RD	STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL 33823	CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE			
NAME		NAME		NAME			
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE			
NAME		NAME		NAME			
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE			
NAME		NAME		NAME			
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Vaishakha N Patel 3/28/06 863-967-4841