FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 22 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000025585 (8)**

1. Corporation Name

PINKEY RANIA INC.

Principal Place of Business	Mailing Address
2359-39 TREASURE ISLE DR **PALM BEACH GARDENS FL 33410**	**2359-39 TREASURE ISLE DR** **PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/30/1994**
3a. Date of Last Report:

21 2. Principal Place of Business: 803 - Donald Ross Rd. Juno Beach FL 33408
22 Suite, Apt. # etc.:
23 City & State: Juno Beach, FL
24 Zip: 33408 25 Country: USA

26 2a. Mailing Address: P.O. Box 30007 Palm Beach Gardens, FL 33420
27 Suite, Apt. # etc.:
28 City & State: Palm Beach Gardens
29 Zip: 30007 30 Country: USA

4. FEI Number: 65-0475526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SERKIES, DOROTHY M
2359-39 TREASURE ISLE DR
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (DATE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	Prsd. ISMAIL ISMAIL 803 - Donald Ross Rd Juno Beach FL 33408 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☒ Change ☐ Addition PLEASE REMOVE DOROTHY M. SERKIES
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition DOROTHY IS ONLY THE REGISTERED
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition AGENT!
TITLE NAME STREET ADDRESS CITY ST ZIP	2/1/24	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☒ Addition Dorothy M. Serkies 2/11/95

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/95 (Date) 407-624-0103 (Daytime Telephone #)

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