

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90010 011 \*\*\*150.00

**DOCUMENT # P94000058030**

1. Entity Name  
**PINA FASHIONS INC.**



Principal Place of Business  
**1263 E LAS OLAS BLVD  
FT LAUDERDALE, FL 33301 US**

Mailing Address  
**1263 E LAS OLAS BLVD  
FT LAUDERDALE, FL 33301 US**

**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0520882**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PINKWASSER, ALAN  
2145 N.E. 204TH STREET  
NORTH MIAMI BEACH, FL**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVTD ACKERMAN, PINA 1263 E LAS OLAS BLVD FT LAUDERDALE, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD ACKERMAN, WILLIAM 1263 E LAS OLAS BLVD FT LAUDERDALE, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *William Ackerman* **WILLIAM ACKERMAN** 2/19/07 954 467 7750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone