2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2007 08:00 AM

	AITITO	HE INSPONT			Ten or,	∠ ∪∪ / ∪	Ö OU AI	
DOCUMENT # P98000107158 1. Entity Name					Secretary of State			
PINKOW	SKI PROPERTY MANA	GEMENT, INC.						
Principal Plac	e of Business	Mailing Address		7				
9900 STIRLI	ING RD. Y, FL 33024	9900 STIRLING RD. Cooper City, FL 3302	A					
COUPER ON	1, FL 33024	COUPER CITI, TE 3302	, T	1 II II II I				
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L.	JO NOI WKI	IE 114 1 113 31	I THIS SPACE		ber 82864		Applied For Not Applicab	
					te of Status Desired		75 Additional Required	
	6. Name and Address of Cur	rrent Registered Agent						
PINKOWSKI, JACK				DO	NOT W	RITE		
9900 STIRLING RD. COOPER CITY, FL 33024			-		THIS SE			
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	e named entity submits this statemi itions of registered agent.	ent for the purpose of changing its r	registered office of re	gistered ageni, or r	ooth, in the State of Pt	orica. Tam iairiii	ar with, arto accep	
SIGNATURE.	Signature, typed or printed name of registered	agent and title If applicable. (NOTE.	Registered Agent signature	required when reinstaling)		DATE		
				A C C C C C C C C C C	110,000			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaig 550.00 Trust Fund Contri		\$5.00 May Be Added to Fees	U000000 02/07/07-	515274 80019-021	150.00	
10.		AND DIRECTORS						
TITLE NAME	DPS PINKOWSKI, JACK							
STREET ADDRESS	9900 STIRLING RD.							
CITY-ST-ZIP	COOPER CITY, FL 33024							
NAME			l					
STREET ADDRESS CITY-ST-ZIP								
TITLE					-			
NAME								
STREET ADDRESS CITY-ST-ZIP	Annual Control of the			DC	N TON (RITE		
TITLE		<u> </u>		IN	THIS SI	PACE		
NAME STREET ADDRESS				***				
CITY-ST-ZIP								
TITLE								

12. I hereby certify that the information supplied with this filling 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
HTLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07

954,432-990c

Ozytime Phone #