


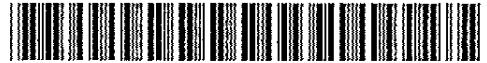
**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000091668 1. Entity Name PINK SWAN CREATIONS, INC.	
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Principal Place of Business
1955 S.W. CASTINET LANE
PORT ST. LUCIE, FL 34953

Mailing Address
1955 S.W. CASTINET LANE
PORT ST. LUCIE, FL 34953



03042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 65-0958338	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

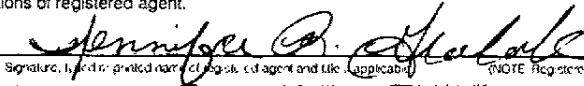
6. Name and Address of Current Registered Agent

GRALAK, JENNIFER R
1955 S.W. CASTINET LANE
PORT ST. LUCIE, FL 34953

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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



3/4/05
DATE

Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when re-filing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

1000000258653
03/10/05-80049-016 150.00

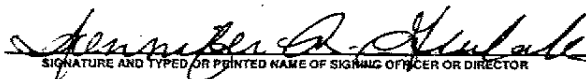
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRALAK, ROBERT D
STREET ADDRESS	1955 S.W. CASTINET LANE
CITY-ST- ZIP	PORT ST. LUCIE, FL 34953
TITLE	D
NAME	GRALAK, JENNIFER R
STREET ADDRESS	1955 S.W. CASTINET LANE
CITY-ST- ZIP	PORT ST. LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/4/05 821-3200
Us. Linc. Phone #