2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State
07-06-2006 90001 048 ***150.00

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1. Entity Name
G. K. C. FLORIDA CORP.

50021503

Principal Place of Business	Mailing Address
5401 COLLINS AVE STE 408 MIAMI BEACH, FL 33140	5401 COLLINS AVE STE 408 MIAMI BEACH, FL 33140

06302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
5401 COLLINS AVE		5401 COLLINS AVE	
Suite, Apt. #, etc. SUITE 302*		Suite, Apt. #, etc. SUITE *302	
City & State MIAMI BEACH FLA		City & State MIAMI BEACH FLA.	
Zip 33140	Country DADE	Zip 33140	Country DADE

4. FEI Number 20-1927953 ☐ Applied For ☐ 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
MENDLOWITZ, MARVIN 5401 COLLINS AVE STE 408 MIAMI BEACH, FL 33140	Name Street Address (P.O. Box Number is Not Acceptable) SUITE 302 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 Marvin Mendlowitz 6/29/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MENDLOWITZ, MARVIN 5401 COLLINS AVE, STE 408 MIAMI BEACH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUITE 302	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Marvin Mendlowitz 6/29/06 305 868 3082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #