2006 FOR PROFIT CORPORATION

Feb 22, 2006 8:00 am **Secretary of State** ANNUAL REPORT 02-22-2006 90017 043 ***150.00 DOCUMENT # P95000019821 R.K. ASSOCIATES VIII, INC. Principal Place of Business Mailing Address 17100 COLLINS 17100 COLLINS SUITE 225 SUITE 225 SUNNY ISLES, FL 33160 SUNNY ISLES, FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0654942 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KATZ, DANNY Street Address (P.O. Box Number is Not Acceptable) 17100 COLLINS AVE. **SUITE 225** SUNNY ISLES, FL 33160 City Zip Code FL 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD VTS D ☐ Delete TITLE Change ☐ Addition Katz, Daniel NAME KATZ, DANNY NAME 17100 Collins Arc, Ste 225 STREET ADDRESS 17100 COLLINS AVE. SUITE 225 STREET ADDRESS CITY-ST-ZIP SUNNY ISLES, FL 33160 CITY-ST-ZIP Sunny Isles Beich, FL 33/LO TITLE Addition TITLE ☐ Delete Katz, Raanan 17100 Cullins AUC., Stc. 225 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP my Isles Beach, FL 33160 TITLE Delete TITLE Addition KATZ, SABra 17100 Collins ADE., Ste225 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sunny Isla Beigh, FL33160 TITLE ☐ Delete TITLE ☐ Change Addition Katz, David NAME 17100 Collins Ave., Ste 20T STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP THTLE Delete ☐ Change TITLE Addition NAME NAME

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 true and 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 chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes are chapter 607.

STREET ADORESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

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