

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000051126

**Entity Name:** NKG MANAGEMENT, INC.

**Current Principal Place of Business:**

4770 BISCAYNE BOULEVARD  
SUITE 1400  
MIAMI, FL 33137

**FILED**  
**Apr 27, 2024**  
**Secretary of State**  
**6580165974CC**

**Current Mailing Address:**

4770 BISCAYNE BOULEVARD  
SUITE 1400  
MIAMI, FL 33137 US

**FEI Number:** 47-1107069

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GALBUT, ABRAHAM  
4770 BISCAYNE BOULEVARD  
SUITE 1400  
MIAMI, FL 33137 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GALBUT, ABRAHAM  
Address 4770 BISCAYNE BOULEVARD  
SUITE 1400  
City-State-Zip: MIAMI FL 33137

Title VPST  
Name GALBUT, NANCY  
Address 4770 BISCAYNE BOULEVARD  
SUITE 1400  
City-State-Zip: MIAMI FL 33137

Title VP  
Name GALBUT, ERIC  
Address 4770 BISCAYNE BOULEVARD  
SUITE 580  
City-State-Zip: MIAMI FL 33137

Title VP  
Name GALBUT, DANIEL  
Address 4770 BISCAYNE BOULEVARD  
SUITE 1400  
City-State-Zip: MIAMI FL 33137

Title AUTHORIZED REPRESENTATIVE  
Name WALTERS, ALAN S  
Address 4770 BISCAYNE BLVD.  
SUITE 1400  
City-State-Zip: MIAMI FL 33137

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ABRAHAM A. GALBUT

**PRESIDENT**

**04/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date