

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000080217

Entity Name: C. KAM MANAGEMENT, INC.**Current Principal Place of Business:**1881 SOUTHEAST GASKINS CIRCLE
PORT ST. LUCIE, FL 34952**Current Mailing Address:**1881 SOUTHEAST GASKINS CIRCLE
PORT ST. LUCIE, FL 34952 UN**FEI Number:** 87-2735594**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAM, CHECK
1881 SOUTHEAST GASKINS CIRCLE
PORT ST. LUCIE, FL 34952 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	KAM, CHECK DR.
Address	1881 SOUTHEAST GASKINS CIRCLE
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	T
Name	KAM, CHECK DR.
Address	1881 SOUTHEAST GASKINS CIRCLE
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	S
Name	KAM, LOURDES
Address	1881 SOUTHEAST GASKINS CIRCLE
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	VP
Name	KAM, LOURDES
Address	1881 SOUTHEAST GASKINS CIRCLE
City-State-Zip:	PORT ST. LUCIE FL 34952

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: DR. CHECK KAM**PRESIDENT****04/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date