2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 399043

1. Entity Name
ALKAY CORPORATION

Principal Place of Business	Mailing Address
5401 B.W 102 AVE SUITE 112 SUNRISE, FL 33351	5401 B.W 102 AVE SUITE 112 SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1390576
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POIRIER,ALBERT
9102 M.W. 67 COURT
TAMARAC, FL 33321

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POIRIER, ALBERT
STREET ADDRESS	9102 NW 67 COURT
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	V
NAME	RUCKER,HARRIET
STREET ADDRESS	9102 NW 67 COURT
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	ST
NAME	POIRIER,KAY R
STREET ADDRESS	9102 NW 67 COURT
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D
NAME	RUCKER, HARRIET
STREET ADDRESS	9102 NW 67 COURT
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D
NAME	RUCKER, HARRIET
STREET ADDRESS	1587 NW 114TH AVE.
CITY-ST-ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000117014
04/19/04-80003-008 150.00

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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: Albert D Poirier ALBERT D. POIRIER 4-15-04 954-748-9814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #