

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 15, 2004 08:00 AM  
Secretary of State

DOCUMENT # 432440

1. Entity Name  
S.P.K., INC.



Principal Place of Business  
C/O SHERATON BAL HARBOUR  
9701 COLLINS AVENUE  
BAL HARBOUR, FL 33154-2203

Mailing Address  
C/O SHERATON BAL HARBOUR  
9701 COLLINS AVENUE  
BAL HARBOUR, FL 33154-2203



01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1494171

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KRADY, RALPH  
C/O SHERATON BAL HARBOR  
9701 COLLINS AVE  
BAL HARBOR, FL 33154

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**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 KRADY, RALPH  
STREET ADDRESS 11560 N BAYSHORE DR  
CITY-ST-ZIP MIAMI, FL

TITLE TD  
NAME KRADY, MARSHA  
STREET ADDRESS 11560 N BAYSHORE DR  
CITY-ST-ZIP MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000089352  
03/15/04-80087-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Ralph V. Krady* RALPH V. KRADY

3/11/04 (305) 561-9450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #