



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000004230 1. Entity Name CPK, INC.	
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Principal Place of Business 521 FIFTH AVENUE, SUITE 2300 NEW YORK, NY 10175	Mailing Address 521 FIFTH AVENUE, SUITE 2300 NEW YORK, NY 10175
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DO NOT WRITE IN THIS SPACE

	
02262004 No Chg-P CR2E034 (10/03)	
4. FEI Number 22-2983931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHRISTY, EARL B JR. 1983 CENTRE POINTE BLVD. TALLAHASSEE, FL 32317	DO NOT WRITE IN THIS SPACE
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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.

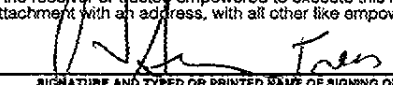
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000124986 04/22/04-80068-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LESSER, JOSEPH S 155 EAST 72ND STREET NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAUGHTON, GARY L 244 MAMARONECK AVE. SCARSDALE, NY 10583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSBERG, PHYLLIS 1720 EAST 37TH STREET BROOKLYN, NY 11234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORDON, ALAN L 1746 WHITE STREET NORTH BELLMORE, NY 11710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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:  **ALAN L. GORDON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/13/04 Daytime Phone #: 212 553 0381