2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State

DOCU 1. Entity Nam CPK, INC		30				y == 75 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -
C/O LOEB PARTNERS REALTY 521 FIFTH AVENUE, SUITE 2300		Mailing Address C/O LOEB PARTNERS REALTY 521 FIFTH AVENUE, SUITE 2300 NEW YORK, NY 10175				
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<u> </u>	O NOT WRITE	IN THIS SOM	0E	03022005	No Chg-P	CR2E034 (10/03)
L	O NOI WHILE	IN I TIIS SFA	CE	4. FEI Number 22-2983	931	Applied For Not Applicable \$8.75 Additional
	6. Name and Address of Current Re	eintered Agent	, -	5. Centricate d	f Status Desired	Fee Required
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301			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						
Signature, typed empirited name of registered agent and title # applicable (NOTE, Registered Agent signature required when relinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.				00 May Be eα to Fees		
10.	OFFICERS AND DIF	RECTORS			, 3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LESSER, JOSEPH S 155 EAST 72ND STREET NEW YORK, NY 10021		— - ·	·,	000000 04/27/05-	0335318 -80082-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAUGHTON, GARY L 244 MAMARONECK AVE. SCARSDALE, NY 10583		} 			
TITLE NAME STREET AODRESS CITY-ST-ZIP	S MOSBERG, PHYLLIS 1720 EAST 37TH STREET BROOKLYN, NY 11234	-	_	DO I	NOT WI	RITE

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 of 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 appropried.

GORDON:

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY - ST-ZIP

STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP GORDON, ALAN L

1746 WHITE STREET NORTH BELLMORE, NY 11710

THE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

WOS NX8830381

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