


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F01000004866</b> 1. Entity Name C-K LAKE PARK REALTY CORP.	
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Principal Place of Business C/O CLK MANAGEMENT CORP. 9 PARK PLACE GREAT NECK, NY 11021	Mailing Address C/O CLK MANAGEMENT CORP. 9 PARK PLACE GREAT NECK, NY 11021
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04172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2859493	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 ✓</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARNES, HOWARD ONE WEST RED OAK LANE WHITE PLAINS, NY 10604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STAHL, SHELDON ONE WEST RED OAK LANE WHITE PLAINS, NY 10604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD STAHL, FRED ONE WEST RED OAK LANE WHITE PLAINS, NY 10604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOENIGSBERG, CRAIG 9 PARK PLACE GREAT NECK, NY 11021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/01/07-80100-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b> <u>Craig Koenigsberg</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>CRAIG KOENIGSBERG</u> <small>Date</small>	<u>4/16/07</u> <small>Daytime Phone #</small>	<u>516-466-9440</u>
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