

CITY-ST-ZIP

changed, or on an attachment with an address, with all other

2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 21, 2008 8:00 am Secretary of State 08-21-2008 90001 039 ***150.00 DOCUMENT # G14987 PMK INTERNATIONAL LTD., INC. Principal Place of Business Mailing Address 40113984 28 SE 4TH STREET 28 SE 4TH STREET BOCA RATON, FL 33432 BOCA RATON, FL 33432 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 450 NE 20th Street 450 NE 20th Street Suite, Apt. #, etc. Suite, Apt. #, etc. 08132008 Cha-P CR2E034 (12/06) Suite 111 Suite 111 City & State City & State 4. FEI Number Applied For Boca Raton, Florida Boca Raton, Florida 59-2260310 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33431 U.S.A. 33431 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAPLAN, PETER M. Street Address (P.O. Box Number is Not Acceptable) 7031 ISLEGROVE PLACE BOCA RATON, FL 33433 Zip Code 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 NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 12, 2008 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ■ Addition NAME KAPLAN, PETER M. NAME STREET ADDRESS 7031 ISLEGROVE PLACE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

FILED

Peter M. Kaplan, President 8/20/08 561-362-4242 **SIGNATURE** NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if



ATTACHMENT

40113984

August 20, 2008

Division of Corporations Annual Report P.O. Box 6478 Tallahassee, FL 32314

Re: 2008 For Profit Corporation Annual Report

PMK International, Ltd., Inc. - Document No. G14987

Gentlemen:

I have <u>never</u> received any notice requesting payment for the above subject company annual fee. The first written notification of this matter that I received came in the form of a postcard entitled "Notice of Intent to Dissolve."

Therefore I am enclosing a check in the amount of \$150 along with a signed copy of the Annual Report.

Very truly yoyrs,

PMK INTERNATIONAL LTD., INC.

Peter M. Kaplan, President

Encs/via FedEx/