

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90232 001 ***793.75

DOCUMENT # H98121

1. Entity Name

GKL ASSOCIATES, INC.



Principal Place of Business

1150 NE 125TH ST
MIAMI FL 33161

Mailing Address

1150 NE 125TH ST
MIAMI FL 33161

2. Principal Place of Business

1125 NE 125 St.

3. Mailing Address

1125 NE 125 St.

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

N. Miami, FL

City & State

N. Miami, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. FEI Number

59-2658784

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

KRETZSCHMAR, TED L
1150 NE 125TH ST
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

Christopher B. Kelley

Street Address (P.O. Box Number is Not Acceptable)

11098 Biscayne Blvd #205

City

Miami

FL

Zip Code

33161

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

4/28/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME KRETZSCHMAR, TED L
STREET ADDRESS 1150 NE 125 ST
CITY-ST-ZIP MIAMI FL 33161

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1125 NE 125 St. #300
CITY-ST-ZIP N. Miami, FL 33161

TITLE ☐ Change ☒ Addition
NAME S/T/D
STREET ADDRESS Lianne K. Yao
CITY-ST-ZIP 1125 NE 125 St. #300
N. Miami, FL 33161

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the 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 which I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lianne K. Yao

Date

4/27/04

Daytime Phone #

(305) 891-7000