


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 08, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # J47424**

1. Entity Name  
**D & K REALTY CORP.**



Principal Place of Business <b>2775 SUNNY ISLES BLVD.          100          NORTH MIAMI BEACH, FL 33160 US</b>	Mailing Address <b>2775 SUNNY ISLES BLVD.          100          NORTH MIAMI BEACH, FL 33160 US</b>
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**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2751578</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LEFF, SAMUEL I.  
 2775 SUNNY ISLES BLVD.  
 SUITE 100  
 NORTH MIAMI BEACH, FL 33160**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KASSIN, GARY 32 OAK AVE. WEST ORANGE, NJ 07052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, GUNNEL 3064 JAVA RD. COSTA MESA, CA 92626
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 08/08/07-80007-021 150.00

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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.

SIGNATURE: X *Gary Kassin, Sec/Treasurer* 8/11/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #