

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # K03565

**1. Entity Name
PIK ENTERPRISES INC.**



Principal Place of Business

**8891 SW 131 ST
MIAMI, FL 33176**

Mailing Address

**8891 SW 131 ST
MIAMI, FL 33176**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0015071

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KHAWLY, PIERRE L.
11800 SW 121ST AVE
MIAMI, FL 33186**

**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 registration.

SIGNATURE

[Signature]
Signature of Registered Agent or authorized agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

1-20-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**PD
KHAWLY, PIERRE L.
11800 SW 121ST AVE
MIAMI, FL 33186**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**STD
KHAWLY, ROSE MARIE
11800 SW 121ST AVE
MIAMI, FL 33186**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**000000397391
01/30/06-80048-013 150.00**

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-06

Date

3052322449

Daytime Phone