2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment

SIGNATURE:

address, with all other like empowered.

D TYPED OR RRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 06, 2007 8:00 am Secretary of State DOCUMENT #K03565 1. Entity Name 08-06-2007 90032 021 ***150.00 PIK ENTERPRISES INC. Principal Place of Business Mailing Address 8891 SW 131 ST MIAMI FL 33176 8891 SW 131 ST MIAMI FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8891 Sw 131 Street MYR, AM INTERIORS SOUTH 2nd MOORE CR2E034 (4/07) 4. FEI Number 65-0015071 City & State M; AM1 Applied For Not Applicable \$8.75 Additional 100 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KHAWLY, PIERRE I. Street Address (P.O. Box Number is Not Acceptable) 11800 SW 121ST AVE **MIAMI FL 33186** City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies Trust Fund Contribution. Added to Fees Make Check Payable to Florida Départment of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ☐ Change ☐ Addition KHAWLY, PIERRE I. NAME NAMI STREET ADDRESS 11800 SW 121ST AVE STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY ST-ZIP Delete TITLE ☐ Change ☐ Addition KHAWLY, ROSE MARIE NAME STREET ADDRESS 11800 SW 121ST AVE STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ ()elete TIFLE ☐ Change ☐ Addition 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-ZEP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

FILED

Date

Daylitri: Phone #