2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _

Secretary of State DOCUMENT # K13124 1. Entity Name 02-06-2006 90070 008 ***150.00 HFK CORP. Principal Place of Business Mailing Address 408 N. DIXIE HWY 408 N. DIXIE HWY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0038970 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAHN, FRANK Street Address (P.O. Box Number is Not Acceptable) 408 N. DIXIE HWY HOLLYWOOD FL 33020 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. 3 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE PRKSIONET CR Change ☐ Addition Frank KAHN 408 N. DIVIK HUY NAME KAHN, FRANK NAME STREET ADDRESS 408 N. DIXIE HWY STREET ADDRESS City-St-7IP HOLLYWOOD FL 33020 CITY-ST-7IP Hollymore, PL 33020 Addition TITLE ☐ Delete TITLE ☐ Change VICK PRESIDENT NAME NAME FRANK KAHN STREET ADDRESS STREET ADDRESS 408 N. DIPIK CITY-ST-ZIP CITY-ST-ZIP 33020 Hoely woon ☐ Detete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P City-St-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST- ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED

Feb 06, 2006 8:00 am