

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90062 048 \*\*\*150.00

**DOCUMENT # K33769**

1. Entity Name  
UKAR, INC.



Principal Place of Business Mailing Address  
515 N FLAGLER DR P.O. BOX 4297  
STE 300P WEST PALM BEACH, FL 33402 US  
WEST PALM BEACH, FL 33401 US

40020000



2. Principal Place of Business - No P.O. Box #  
223 Sunset Avenue  
Suite, Apt. #, etc.  
Suite 230

City & State  
Palm Beach, FL  
Zip  
33480  
Country

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip  
Country

01102007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0076694  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CHOPIN, L. FRANK  
515 N FLAGLER DR, STE 300P  
WEST PALM BEACH, FL 33401

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
223 Sunset Avenue  
Suite 230  
City  
Palm Beach FL Zip Code  
33480

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DS	<input type="checkbox"/> Delete
NAME	CHOPIN, L. FRANK	
STREET ADDRESS	515 N FLAGLER DR, STE 300P	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FORD KATHLEEN DUROSS	
STREET ADDRESS	515 N FLAGLER DR, STE 300P	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	223 Sunset Avenue, suite 230
CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	223 Sunset Avenue, suite 230
CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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] Date: 2-14-07 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR