2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2004 8:00 am
Secretary of State
04-30-2004 90266 018 ***150.00

DOCUMENT # K80425

1. Entity Name
PSK INVESTMENTS, INC.

Principal Place of Business	Mailing Address
~~22 KEVIN ROAD~~ ~~EAST BRUNSWICK NJ 08816~~	22 KEVIN ROAD EAST BRUNSWICK NJ 08816

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Miami Beach, Fla.	22 Kevin Road
Suite, Apt. #, etc.: c/o Kamel	Suite, Apt. #, etc.
City & State: Pompano, Fla.	City & State: East Brunswick NJ
Zip / Country	Zip: 08816 / Country: USA

4. FEI Number: 58-1848716 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~WASSERMAN, MARTIN W.~~ ~~999 WASHINGTON AVE~~ ~~MIAMI BEACH FL 33139~~	Name: Patricia Kamel Street Address (P.O. Box Number is Not Acceptable): 804 Cypress Blvd Apt 306 City: Pompano Beach FL Zip Code: 33069

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.

SIGNATURE: Pat Patricia Kamel 5/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00 After May 1, 2002 Fee will be $550.00 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAMEL, PATRICIA 1601 JEFFERSON AVE. MIAMI BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAMEL, STEPHEN 1601 JEFFERSON AVE. MIAMI BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/23/04 4475211[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #