2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2005 08:00 AM

DOCUMENT # K87577 I. Entry Name SUK MANAGEMENT, INC. Principal Place of Business 1915 N. 4 5 ST 1915 N. 4 5 ST 1915 N. 4 5 ST 194 A 194						1 Secretary of Star			
1915 NE 45 ST 104 A 104	1. Entity Nan	ne					ceretar	y OI Sta	
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DO NOT WRITE IN THIS SPACE 4. FEL Number 65-0119923		ERDALE, FL 33308 US		B US					
Applied For 85-0119923 Applied For 85-0119923 Applied For 85-0119923 AND Applied For 85-0119923 S. Certificate of Status Desired \$8.75 Additional Fee Required Agent SERCHAY, ALLAN 5300 kW 33 AVE. SUITE 117 FT. LAUDERDALE, FL 33309 IN THIS SPACE 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DO NOT WRITE IN THIS SPACE SIGNATURE DO NOT WRITE IN THIS SPACE FILE NOWIII FEE IS \$150.00 Security Se			· · · · · · · · · · · · · · · · · · ·		- 				
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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	5300 NW 33 AVE				DO	NOT W	RITE		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature, byend or period name of registered agent and title if applicable (NOTE, Registered Agent sensure required when relevating) DAYE					IN .	THIS SF	PACE		
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After May 1, 2005 Fee will be \$50.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ITTLE NAME NAME P KOMAR, STANLEY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SIGNATORICA	Signature, typed or printed name of registered agent and t	itie if applicable (NOTE, Registered	d Agent signature required	(when reinstating)		DATE		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP