2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/20

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-20-2004 90002 014 ***150.00

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07082004 Chg-P CR2E034 (10/03)

DOCUMENT # K97835

1. Entity Name
P.K. PRINTING & ADVERTISING INC.

Principal Place of Business	Mailing Address
2500 N POWERLINE ROAD SUITE 3 POMPANO BEACH, FL 33069 US	KRIEG,MITCHELL 2500 N POWERLINE ROAD POMPANO BEACH, FL 33069 US

2. Principal Place of Business		3. Mailing Address	
1318 N. MILITARY TRAIL		1318 N. MILITARY TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WEST PALM BEACH, FLORIDA		City & State: WEST PALM BEACH, FLORIDA	
Zip: 33409	Country: USA	Zip: 33409	Country: USA

4. FEI Number: 65-0127555 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

KRIEG, MITCHELL
C/O POWERLINE PRINTING
2500 N POWERLINE ROAD
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name: KRIEG, MITCHELL
Street Address (P.O. Box Number is Not Acceptable): 1318 N. MILITARY TRAIL
City: WEST PALM BEACH FL Zip Code: 33409

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: MITCHELL KRIEG DATE: 7/12/04

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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	KRIEG, MITCHELL	NAME	MITCHELL KRIEG
STREET ADDRESS	2500 N POWERLINE ROAD	STREET ADDRESS	1318 N. MILITARY TRAIL
CITY-ST-ZIP	POMPANO BEACH, FL	CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: [signature] 7/12/04 561-242-9911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #