

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90017 050 \*\*\*150.00

| <b>DOCUMENT # M27776</b><br>1. Entity Name<br>R.K. ASSOCIATES #1, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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--|---|------------------------------------------------------------------------------|------|--|--|------|-------------|--|----------------|--|--|----------------|----------------------------|--|-------------|--|--|-------------|-----------------------------|--|-------|--|---------------------------------|-------|--|-------------------------------------------------------------------|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|-------------------------------------------------------------------|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|
| Principal Place of Business<br>17100 COLLINS AVENUE<br>SUITE 225<br>MIAMI BEACH, FL 33160                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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     |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |              |  |                |  |  |             |                                       |  |             |  |  |       |   |                                 |       |  |                                                                   |      |             |  |      |  |  |                |                             |  |                |  |  |             |                 |  |             |  |  |       |  |                                 |       |     |                                                                              |      |  |  |      |              |  |                |  |  |                |                            |  |             |  |  |             |                             |  |       |  |                                 |       |  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| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                          |                                                                                                                                          |                                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |              |  |                |  |  |             |                                       |  |             |  |  |       |   |                                 |       |  |                                                                   |      |             |  |      |  |  |                |                             |  |                |  |  |             |                 |  |             |  |  |       |  |                                 |       |     |                                                                              |      |  |  |      |              |  |                |  |  |                |                            |  |             |  |  |             |                             |  |       |  |                                 |       |   |                                                                              |      |  |  |      |             |  |                |  |  |                |                            |  |             |  |  |             |                             |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       | Country                         |                                                                                                                        | 4. FEI Number<br><b>59-2667932</b>                                                                                                       |                                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |              |  |                |  |  |             |                                       |  |             |  |  |       |   |                                 |       |  |                                                                   |      |             |  |      |  |  |                |                             |  |                |  |  |             |                 |  |             |  |  |       |  |                                 |       |     |                                                                              |      |  |  |      |              |  |                |  |  |                |                            |  |             |  |  |             |                             |  |       |  |                                 |       |   |                                                                              |      |  |  |      |             |  |                |  |  |                |                            |  |             |  |  |             |                             |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 6. Name and Address of Current Registered Agent<br><br>R.K. ASSOCIATES<br>17100 COLLINS AVENUE<br>SUITE 225<br>MIAMI BEACH, FL 33160                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                 |                                                                                                                        | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                          |                                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |              |  |                |  |  |             |                                       |  |             |  |  |       |   |                                 |       |  |                                                                   |      |             |  |      |  |  |                |                             |  |                |  |  |             |                 |  |             |  |  |       |  |                                 |       |     |                                                                              |      |  |  |      |              |  |                |  |  |                |                            |  |             |  |  |             |                             |  |       |  |                                 |       |   |                                                                              |      |  |  |      |             |  |                |  |  |                |                            |  |             |  |  |             |                             |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>KATZ, RAANAN</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>17100 COLLINS AVE.<br/>MIAMI BEACH, FL</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>KATZ, SABRA</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17100 COLLINS AVE., STE 225</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH, FL</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>VTS</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td>Katz, Daniel</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td>17100 Collins Ave, Ste 225</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td>Sunny Isles Beach, FL 33160</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td>Katz, David</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td>17100 Collins Ave, Ste 225</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td>Sunny Isles Beach, FL 33160</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |                                       |                                 |                                                                                                                        |                                                                                                                                          |                                                                              | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | KATZ, RAANAN |  | STREET ADDRESS |  |  | CITY-ST-ZIP | 17100 COLLINS AVE.<br>MIAMI BEACH, FL |  | CITY-ST-ZIP |  |  | TITLE | V | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | KATZ, SABRA |  | NAME |  |  | STREET ADDRESS | 17100 COLLINS AVE., STE 225 |  | STREET ADDRESS |  |  | CITY-ST-ZIP | MIAMI BEACH, FL |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE | VTS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME |  |  | NAME | Katz, Daniel |  | STREET ADDRESS |  |  | STREET ADDRESS | 17100 Collins Ave, Ste 225 |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP | Sunny Isles Beach, FL 33160 |  | TITLE |  | <input type="checkbox"/> Delete | TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME |  |  | NAME | Katz, David |  | STREET ADDRESS |  |  | STREET ADDRESS | 17100 Collins Ave, Ste 225 |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP | Sunny Isles Beach, FL 33160 |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                 | 11. 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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <b>SIGNATURE:</b> _____ <b>David Katz</b> <b>2/15/06</b> <b>305-949-7110</b><br><small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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