

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # M27776

1. Entity Name
R.K. ASSOCIATES #1, INC.



Principal Place of Business
17100 COLLINS AVENUE
SUITE 225
MIAMI BEACH, FL 33160

Mailing Address
17100 COLLINS AVENUE
SUITE 225
MIAMI BEACH, FL 33160



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2667932	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

R.K. ASSOCIATES
17100 COLLINS AVENUE
SUITE 225
MIAMI BEACH, FL 33160

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

000000818469
02/15/08-80045-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KATZ, RAANAN 17100 COLLINS AVE. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KATZ, SABRA 17100 COLLINS AVE., STE 225 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS KATZ, DANIEL 17100 COLLIS AVE STE 225 NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KATZ, DAVID 17100 COLLINS AVE STE 225 NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Katz

2-1-08

Date

781-320-0001

Daytime Phone #