


FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M44149 1. Entity Name COMKE, INC.				Secretary of State	
Principal Place of Business % DACAR MGMT. LLC 336 E DANIA BCH BLVD DANIA, FL 33004 US		Mailing Address % DACAR MGMT. LLC 336 E DANIA BCH BLVD DANIA, FL 33004 US			
DO NOT WRITE IN THIS SPACE				02122004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-2771805	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA-VELEZ, CARLOS 336 E DANIA BCH BLVD DANIA, FL 33004				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000130190 04/26/04-80106-024 158.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MICHA, ALBERTO 520 BRICKELL KEY DR #305 MIAMI, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MICHA, MOISES 520 BRICKELL KEY DR #305 MIAMI, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHA, DAVID 520 BRICKELL KEY DR #305 MIAMI, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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: <u>David Micha</u> 4/19/04 954-927-4885 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					