

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90013 026 ***150.00

DOCUMENT # M44196

1. Entity Name
DKF, INC.



Principal Place of Business
350 GOOLSBY BLVD
DEERFIELD BEACH, FL 33442 US

Mailing Address
P.O. BOX 4696
DEERFIELD BEACH, FL 33442 US



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2753448

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~ZISKIND & ARVIN, P.A.~~
~~444 BRICKELL AVENUE~~
~~SUITE 900~~
~~MIAMI, FL 33137~~

~~LEVY, KENNEDY, MARIN, LLC~~
~~1400 CENTRAL AVE. BLD.~~
~~SUITE 1000~~
~~WEST PALM BEACH, FL~~
~~33401~~

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
FREEMAN, DAVID
350 GOOLSBY BLVD
DEERFIELD BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
KLINE, DAVID
350 GOOLSBY BLVD
DEERFIELD BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
FREEMAN, DOUGLAS
350 GOOLSBY BLVD
DEERFIELD BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
CAINE, STEVEN
350 GOOLSBY BLVD.
DEERFIELD BEACH, FL

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 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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/04

954 420 0071