

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2753448	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

ARASTEIN & LEHR, LLP
2424 NORTH FEDERAL HWY
SUITE 462
BOCA RATON, FL 33431

**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 _____ DATE _____
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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/07-80038-008 150.00

**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 Freeman
David Freeman

Date

1/18/07

Daytime Phone #

954420-0071