

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M44196

Entity Name: DKF, INC.

FILED
Jan 27, 2009
Secretary of State

Current Principal Place of Business:

350 GOOLSBY BLVD
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2753448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GREENSPOON MARDER PA
100 W CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE, FL 33309 US

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.

SIGNATURE: GREGORY BLODIG

01/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: FREEMAN, DAVID
Address: 350 GOOLSBY BLVD
City-St-Zip: DEERFIELD BEACH, FL

Title: PD () Delete
Name: KLINE, DAVID,
Address: 350 GOOLSBY BLVD
City-St-Zip: DEERFIELD BEACH, FL

Title: VD () Delete
Name: FREEMAN, DOUGLAS,
Address: 350 GOOLSBY BLVD
City-St-Zip: DEERFIELD BEACH, FL

Title: TD (X) Delete
Name: CAINE, STEVEN
Address: 350 GOOLSBY BLVD.
City-St-Zip: DEERFIELD BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KLINE, DAVID
Address: 350 GOOLSBY BLVD
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VPD (X) Change () Addition
Name: FREEMAN, DOUGLAS
Address: 350 GOOLSBY BLVD
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: STD (X) Change () Addition
Name: CAINE, STEVEN
Address: 350 GOOLSBY BLVD
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN CAINE

S

01/27/2009

Electronic Signature of Signing Officer or Director

Date