

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # M61905

1. Entity Name
R. K. ASSOCIATES #5, INC.



Principal Place of Business
**17100 COLLINS AVE
STE 225
MIAMI BCH, FL 33160 US**

Mailing Address
**17100 COLLINS AVE
STE 225
MIAMI BCH, FL 33160 US**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0021866

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**R. K. ASSOCIATES
17100 COLLINS AVE
STE 225
SUNNY ISLES, 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 reinstating)

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**

000000919569
02/15/08-80087-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	KATZ, SABRA
STREET ADDRESS	17100 COLLINS AVE, STE 225
CITY-ST-ZIP	MIAMI BCH, FL
TITLE	P
NAME	KATZ, RAANAN
STREET ADDRESS	17100 COLLINS AVE
CITY-ST-ZIP	MIAMI BCH, FL
TITLE	VTS
NAME	KATZ, DANIEL
STREET ADDRESS	17100 COLLINS AVE STE 225
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	V
NAME	KATZ, DAVID
STREET ADDRESS	17100 COLLINS AVE STE 225
CITY-ST-ZIP	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 NAME OF SIGNING OFFICER OR DIRECTOR

DAVID KATZ

2-1-08

781-320-0001

Date

Daytime Phone #