## **FILED** 2007 FOR PROFIT CORPORATION Apr 13, 2007 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT #₽0000023681 B & K AND COMPANY, INC. Principal Place of Business Mailing Address 1340 STIRLING ROAD 1340 STIRLING ROAD SUITE 10B SUITE 10B HOLLYWOOD, FL 33004 HOLLYWOOD, FL 33004 US 04112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0979901 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHIEN, BRIAN J DO NOT WRITE 1340 STIRLING ROAD SUITE 10B IN THIS SPACE HOLLYWOOD, FL 33004 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. **3**( · c (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE CHIEN, BRIAN J NAME 1340 STIRLING ROAD, SUITE 10B STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33004

U00000705764 04/24/07-80006-025 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

VSD

CHIEN, KATY P

1340 STIRLING ROAD, SUITE 10B

HOLLYWOOD, FL 33004

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-11-07 9549291848

1

Daytime Phone \*