

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000078779

1. Entity Name:

BDKM CORP.



FILED

04 MAR -8 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FL 32304



MOORE

CR2E034 (11/03)

Principal Place of Business

604 N. 62ND AVENUE  
HOLLYWOOD FL 33024

Mailing Address

604 N. 62ND AVENUE  
HOLLYWOOD FL 33024

2. Principal Place of Business

4815 Buchanan St  
Suite, Apt. #, etc.

3. Mailing Address

4815 Buchanan St.  
Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-1040469

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELLEY, CHRISTOPHER P  
11098 BISCAYNE BLVD, SUITE 205  
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete  
NAME KELLER, BRIDGET G  
STREET ADDRESS 3181 NE 165TH STREET  
CITY-ST-ZIP MIAMI FL 33160

TITLE VPD ☐ Delete  
NAME KELLER, DAMON A  
STREET ADDRESS 3181 NE 165TH STREET  
CITY-ST-ZIP MIAMI FL 33160

TITLE PD ☐ Delete  
NAME GREENE, KATHY L  
STREET ADDRESS 4815 BUCHANAN STREET  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE TD ☐ Delete  
NAME GREENE, MARTIN J  
STREET ADDRESS 4815 BUCHANAN STREET  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900030462749  
CITY-ST-ZIP 03/15/04--01026--020 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900030462749  
CITY-ST-ZIP 03/15/04--01026--021 \*\*17.50

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Kathy L Greene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 22/04

894-0489