

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000103160

Entity Name: DMK TRANSMISSIONS, INC.

FILED  
Jun 10, 2009  
Secretary of State

## Current Principal Place of Business:

4430 NORTH DIXIE HIGHWAY  
OAKLAND PARK, FL 33334

## New Principal Place of Business:

## Current Mailing Address:

4430 NORTH DIXIE HIGHWAY  
OAKLAND PARK, FL 33334

## New Mailing Address:

FEI Number: 65-1052522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LLOYD I. RUBY, CPA  
5400 SOUTH UNIVERSITY DRIVE  
DAVIE, FL 33328 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: KOODIE, DALE RICHARD  
Address: 673 NE 36TH STREET  
City-St-Zip: OAKLAND PARK, FL 33334

Title: P ( ) Delete  
Name: KOODIE, MEERA K  
Address: 673 NE 36TH STREET  
City-St-Zip: OAKLAND PARK, FL 33334

Title: S ( ) Delete  
Name: KOODIE, MEERA  
Address: 673 NE 36TH STREET  
City-St-Zip: OAKLAND PARK, FL 33334

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MEERA KOODIE

PRES

06/10/2009

Electronic Signature of Signing Officer or Director

Date