

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90006 032 ***150.00

DOCUMENT # P01000016214

1. Entity Name
KURKA UNLIMITED INC.



Principal Place of Business
380 NE 29 STREET
POMPANO BEACH, FL 33064

Mailing Address
380 NE 29 STREET
POMPANO BEACH, FL 33064

54072844



2. Principal Place of Business 1401 S FEDERAL HWY. 3. Mailing Address 1401 S FEDERAL HWY.

Suite, Apt. #, etc.
401

Suite, Apt. #, etc.
401

08122004 Chg-P CR2E034 (10/03)

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number 65-1076039 Applied For Not Applicable

Zip 33432 Country

Zip 33432 Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KURKA, ANTHONY
900 E ATLANTIC BLVD STE 17
POMPANO BEACH, FL 33060

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME KURKA, ANTHONY
STREET ADDRESS 380 NE 29 STREET
CITY-ST-ZIP POMPANO BEACH, FL 33064

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8.31.2004