## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2005 08:00 AM Secretary of State

DOCUMENT # P01000024851  1. Entity Name CK HOMEBUYERS, INC.			Secretary of Stat			
DE LEON BLVD.	2121 PONCE DE LEÓN BLVD. STE. 505					15. BILLI 117701 17.651
DO NOT WRITE IN THIS SPA		CE	04072005 No Chg-P CR2E034 (10/03)			
ROTHCORTINA, LINDA 2121 PONCE DE LEOÑ BLVD. STE. 505 CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE  ared office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
Signature, typed or printed name of registered agent and till	<u> </u>				DATE	
OFFICERS AND DIR OFFICERS AND DIR OCORTINA, CARLOS E	Trust Fund Contribution.	□ Add	JU May Be ded to Fees	U00000 04/11/05-	1297720 80038-01	4 150.00
	e of Business  DE LEON BLVD.  ES, FL 33134  ON NOT WRITE I  6. Name and Address of Current Reg RTINA, LINDA CE DE LEON BLVD.  ABLES, FL 33134  Inamed entity submits this statement for the lons of registered agent.  Signature, typed or printed name of registered agent and till  E NOW!!! FEE IS \$150.00  OFFICERS AND DIRI  PTD CORTINA, CARLOS E 2121 PONCE DE LEON BLVD., STE CORAL GABLES, FL 33134	Mailing Address De LEON BLVD. STE. 505 CORAL GABLES, FL 33134  CORAL GABLES, FL 33134	e of Business  DE LEON BLVD.  STE. 505  CORAL GABLES, FL 33134  PO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent  RTINA, LINDA CE DE LEON BLVD.  ABLES, FL 33134  Correct Registered Agent  RTINA, LINDA CE DE LEON BLVD.  ABLES, FL 33134  Inamed entity submits this statement for the purpose of changing its registered office or registe ions of registered agent.  Signature, typed or printed name of registered agent and title if applicable  E NOW!!! FEE IS \$150.00  ay 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  PTD CORTINA, CARLOS E 2121 PONCE DE LEON BLVD., STE. 505 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE  STE. 505 CORAL GABLES, FL 33134  O4072005  4. FEI Number 65-1086  5. Certificate of 6. Name and Address of Current Registered Agent  RTINA, LINDA CE DE LEON BLVD.  ABLES, FL 33134  IN T  Signature, typed or printed name of registered agent and title 3 applicable  Signature, typed or printed name of registered agent and title 3 applicable  FROM:  Signature, typed or printed name of registered agent and title 3 applicable  PROM:  Signature, typed or printed name of registered agent and title 3 applicable  PROM:  Signature, typed or printed name of registered agent and title 3 applicable  PROM:  Signature, typed or printed name of registered agent and title 3 applicable  PROM:  Signature, typed or printed name of registered agent and title 3 applicable  PROM:  Signature, typed or printed name of registered agent and title 3 applicable  PROM:  Signature, typed or printed name of registered agent and title 3 applicable  PROM:  Signature, typed or printed name of registered agent and title 3 applicable  PROM:  Signature, typed or printed name of registered agent and title 3 applicable  PROM:  Signature, typed or printed name of registered agent and title 3 applicable  PROM:  Signature, typed or printed name of registered agent and title 3 applicable  Signature, typed or printed name of registered agent and title 3 applicable  Signature, typed or printed name of registered agent and title 3 applicable  Signature, typed or printed name of registered agent and title 3 applicable  Signature, typed or printed name of registered agent and title 3 applicable  Signature, typed or printed name of registered agent and title 3 ap	e of Business EBUYERS, INC.  In the State of Figure and Address of Current Registered Agent  PO NOT WRITE IN THIS SPACE  Output  Str. 505 CORAL GABLES, FL 33134  Output  Outp	MEINT # PUTUUUU2485T   EBUYERS, INC.  In a continue of Business   Mailing Address   DE LEON BLVD.   2121 PONCE DE LEON BLVD.   STE. 505   ES, FL 33134   CORAL GABLES, FL 33134    O4072005   No Chg-P   CR2E034 ()  4. FEI Number   65-1086601   5. Certificate of Status Desired   \$8. Fee   Fee    ONOT WRITE IN THIS SPACE    ONOT WRITE   STE. 105   Status Desired   \$8. Fee   Thin A, LINDA   CE DE LEON BLVD.   ABLES, FL 33134   DO NOT WRITE   IN THIS SPACE   IN TH

TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE זותנ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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: DOLLA VO LINDA ROTH-COPTINA VICE PROJECT 4/765.

9/7/05305-77U-7070