
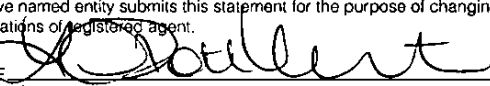
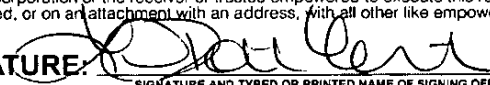


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90172 023 ***150.00

DOCUMENT # P01000024851 1. Entity Name CK HOMEBUYERS, INC.					
Principal Place of Business 2121 PONCE DE LEON BLVD. STE. 505 CORAL GABLES, FL 33134			Mailing Address 2121 PONCE DE LEON BLVD. STE. 505 CORAL GABLES, FL 33134		
2. Principal Place of Business 55 Miracle Mile		3. Mailing Address 55 Miracle Mile			
Suite, Apt. #, etc. 310		Suite, Apt. #, etc. 310			
City & State Coral Gables FL		City & State Coral Gables FL			
Zip 33134 Country USA		Zip 33134 Country USA			
4. FEI Number 65-1086601			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>					\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROTHCORTINA, LINDA 2121 PONCE DE LEON BLVD. STE. 505 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name LINDA ROTH - CORTINA Street Address (P.O. Box Number is Not Acceptable) 55 miracle mile Suite 310 City Coral Gables FL Zip Code 33134		
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  DATE 4/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PTD <input type="checkbox"/> Delete NAME CORTINA, CARLOS E STREET ADDRESS 2121 PONCE DE LEON BLVD., STE. 505 CITY-ST-ZIP CORAL GABLES, FL 33134			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 55 Miracle mile Suite 310 CITY-ST-ZIP Coral Gables, FL 33134		
TITLE VSD <input type="checkbox"/> Delete NAME ROTH-CORTINA, LINDA STREET ADDRESS 2121 PONCE DE LEON BLVD., STE. 505 CITY-ST-ZIP CORAL GABLES, FL 33134			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 55 miracle mile Suite 310 CITY-ST-ZIP Coral Gables FL 33134		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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. LINDA ROTH-CORTINA, Vice President SIGNATURE  DATE 4/17/06 DAYTIME PHONE # 305-774-7070 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40054028



04172006 Chg-P CR2E034 (11/05)