2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000029283

1. Entity Name
N K S ENTERPRISES, CORP.

Principal Place of Business	Mailing Address
9939 NW 89TH AVE. BAY #3	9939 NW 89TH AVE. BAY #3
MEDLEY, FL 33178	MEDLEY, FL 33178

50035928

DO NOT WRITE IN THIS SPACE

03222005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1088099	Not Applicable

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

6. Name and Address of Current Registered Agent

SILVA, PEDRO
9939 NW 89TH AVE BAY# 4
MEDLEY, FL 33178

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SILVA, PEDRO
STREET ADDRESS	9939 NW 89TH AVE BAY# 4
CITY-ST-ZIP	MEDLEY, FL 33178

TITLE	VPD
NAME	GUEVARA, ARELIS
STREET ADDRESS	9939 NW 89TH AVE BAY# 4
CITY-ST-ZIP	MEDLEY, FL 33178

TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

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: _Pedro Silva   Pedro Silva_   04/05/0? (305) 805-7969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #