2005 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)							FILED				
DOCUMENT # P01000050676 1. Entity Name						Fe	Feb 03, 2005 08:00 AM Secretary of State				
DK & K N	MANAGEMENT GROUP, I	NC.		ĺ		7	Secretar	y OI	State		
Principal Plac	ce of Business	Mailing	Mailing Address				=				
1101 GULF BREEZE PKWY.		1101 (1101 GULF BREEZE PKWY.			-					
SUITE 5 GULF BREEZE FL 32561			SUITE 5 GULF BREEZE FL 32561			·}			JERNAR BIJILI JERNAR		
2. Principal Place of Business		3. Maili	3. Mailing Address								
Suite, Apt #, etc.		Suite	Suite, Apt. #, etc.			1:	st MOORE	CR2E03	4 (10/04)		
City & Sta	te	City &	City & State			4. FEI Numi	⁵⁹⁻³⁷²³⁶¹⁸	3		oplied For ot Applica <u>t</u>	
Zip	Country	Zip		Count	try	5. Certificat	e of Status Desired		\$8.75 Add		
	6. Name and Address of Curr	rent Registered	i Agent			7. Name an	d Address of New R	egistered	Agent		
VILA, OSCAR J III					Name						
210	R, OSCAR J III O SALZEDO STREET, SL RAL GABLES FL 33134	JITE 300		Street Address	(P.O. Box Numl	per is Not Acceptable	· ·				
				<u> </u>	City			F	Zıp Cod	e	
	named entity submits this stateme tions of registered agent.	nt for the purpo	se of changing its	registere	ed office or regist	ered agent, or b	oth, in the State of Flo	orida. l'am	familiar with,	and accep	
SIGNAȚURE	Signature, typed or printed name of registered a	grout and title if anotic	table (NOTE	Recustered	i Agent signature requi	ed when several mol	<u> </u>	DATE	·-···-		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550						Election Campa Trust Fund Con			00 May B	
	k Payable to Florida Departmen	4				ADDITIONS	LOUIS TO OFF	iosho avi	D DIOTOTOD	- (1)	
10.	D OFFICERS A	ND DIRECTOR		11.		ADDITIONS	CHANGES TO OFF		☐ Change	S IN,11, Addition	
TITLE NAME	ANDRUS, DENNIS		☐ Delete	NAME			02/03/05-80	ก็จี้9-02	21 150.0	0	
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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 | DEVINE | DEVINE