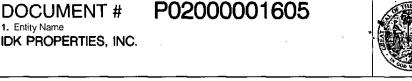
05-05-2003 90103 018 ***150.00

2003	FOR	PROFIT (CORPORAT	TION
UNIFO	RM E	USINESS	REPORT	(UBR)

DOCUMENT #

IDK PROPERTIES, INC.



Principal Place of Business 2806 TROPIC RD. MELBOURNE FL 32935

Mailing Address 2806 TROPIC RD. MELBOURNE FL 32935

,	
2. Principal Place of Business	3. Mailing Address
2806 ROPIC RD.	2806 TROPICKI,
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<i>_</i> Ø`	
ATT DOUBLID FLOOR	Mr. Poul NE FIRE INA

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

4. FEI Number Applied For 90-0007897 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

DATE

☐ CHECK HERE IF MAKING CHANGES

COLEMAN, CHRISTOPHER J 1329 BEDFORD DR., STE. 1 MELBOURNE FL 32940

SIGNATURE

Street Address (P.O. Box Number is Not Acceptable)	

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

	FFF 10 01 50 00	
	FEE IS \$150.00	
After May 1, 2003	Fee will be \$550.00	

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. resident TITLE TITLE ☐ Addition NAME YAUIFR CABRERA NAME 18149 AMERICAN BEAUTY DR. NINT 1046 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CANYON COUNTRY, CALIFORNIA 91387-4385 liice president TITLE Delete TITLE ☐ Change ☐ Addition FRIC MICKLES NAME NAME SEOGTROPICED. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNEFLORIDA 3293 SECRETARY TITLE Delete Change Addition KANIBR CABRERA NAME 18144 AMERICAN REFAUTY PRUDIT 1046 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CANHON COUNTRY CALIFORN (A 9.(387-4385 treasurer ☐ Defete TITLE ☐ Change ☐ Addition ERIC MICKLEY NAME 2806 TROPIC PD. STREET ADDRESS STREET ADDRESS MELBOURNE FLORIDA 32935 CITY-ST-7IP CITY-ST-ZIP ☐ Change DIRECTOR ☐ Delete ☐ Addition eric mièrled NAME NAME 2806 TROPICRO. STREET ADDRESS STREET ADDRESS MELBOURNE FLORIDA32935 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR TITLE Change Addition XAVIER CABRERA NAME NAME LELGY AMERICAN BEAUTY DRUMTIOYG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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

WILL PRESIDENT/DIRE GOR