

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016140

FILED
Sep 05, 2008
Secretary of State

Entity Name: H.D.K. CAPITAL INVESTMENTS, INC.

Current Principal Place of Business:

4491 SOUTH STATE ROAD 7
102
DAVIE, FL 33314

New Principal Place of Business:

4491 SOUTH STATE ROAD 7
308
DAVIE, FL 33314

Current Mailing Address:

4491 SOUTH STATE ROAD 7
102
DAVIE, FL 33314

New Mailing Address:

4491 SOUTH STATE ROAD 7
308
DAVIE, FL 33314

FEI Number: 75-3018235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRERO, RAYMOND ESQ
300 SE 13TH ST
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: DUCHARME, DANIEL J
Address: 4491 SOUTH STATE ROAD 7, SUITE 102
City-St-Zip: DAVIE, FL 33314

Title: T () Delete
Name: DUCHARME, DANIEL J
Address: 4491 SOUTH STATE ROAD 7, SUITE 102
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: DU CHARME, KELLY S VP
Address: 4491 SOUTH STATE ROAD 7, SUITE 102
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change () Addition
Name: DUCHARME, DANIEL J
Address: 4491 SOUTH STATE ROAD 7, SUITE 308
City-St-Zip: DAVIE, FL 33314

Title: T (X) Change () Addition
Name: DUCHARME, DANIEL J
Address: 4491 SOUTH STATE ROAD 7, SUITE 308
City-St-Zip: DAVIE, FL 33314

Title: VP (X) Change () Addition
Name: DU CHARME, KELLY S VP
Address: 4491 SOUTH STATE ROAD 7, SUITE 308
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL J. DU CHARME

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09/05/2008

Electronic Signature of Signing Officer or Director

_____ Date