

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90064 014 \*\*\*150.00

DOCUMENT # P02000026162

1. Entity Name

3DK INC.



Principal Place of Business

6945 WEST BROWARD BLVD  
FORT LAUDERDALE FL 33317

Mailing Address

6945 WEST BROWARD BLVD  
FORT LAUDERDALE FL 33317

2. Principal Place of Business

6959 WEST BROWARD BLVD

Suite, Apt. #, etc.

3. Mailing Address

1930 NE 211<sup>ST</sup>

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

PLANTATION FL

City & State

N.M.B. FL

4. FEI Number

04-3634086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KATZ, DANIEL  
6945 WEST BROWARD BLVD  
FORT LAUDERDALE FL 33317

7. Name and Address of New Registered Agent

Name DANIEL KATZ

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

1930 NE 211<sup>ST</sup>

City N.M.B.

FL

Zip Code 33179

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 *Daniel Katz* DANIEL KATZ V.P.

01/29/04

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, 2004: Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HASSAN, DAVID	
STREET ADDRESS	6945 WEST BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASSAN, DEBBIE	
STREET ADDRESS	6945 WEST BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATZ, DANIEL	
STREET ADDRESS	6945 WEST BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE KATZ, KAREN B	
STREET ADDRESS	6945 WEST BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSAN, DAVID	
STREET ADDRESS	6959 W. BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSAN, DEBBIE	
STREET ADDRESS	6959 W. BROWARD BLVD.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, DANIEL	
STREET ADDRESS	6959 W. BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, DANIEL	
STREET ADDRESS	6959 W. BROWARD BLVD.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Daniel Katz* DANIEL KATZ V.P.

01/29/04

954-7927675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #