

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90029 009 ***150.00

DOCUMENT # P02000048501

1. Entity Name
OK PROFESSIONAL SERVICE CORPORATION



Principal Place of Business
**970 COTTONBAY DRIVE EAST
#1808
WEST PALM BEACH, FL 33406**

Mailing Address
**970 COTTONBAY DRIVE EAST
#1808
WEST PALM BEACH, FL 33406**

44049308



03212003 Chg-P CR2E034 (10/03)

2. Principal Place of Business
**4179 Haverhill Road North
Suite, Apt. #, etc.
#609**

3. Mailing Address
**4179 Haverhill Road North
Suite, Apt. #, etc.
#609**

City & State
West Palm Beach, Florida

City & State
West Palm Beach, Florida

4. FEI Number
75-3056788 Applied For
Not Applicable

Zip Country
33417-- --Palm Beach

Zip Country
33417 --Palm Beach

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

6. Name and Address of Current Registered Agent

**BUENO, MARITZA Y
970 COTTON BAY DRIVE EAST
#1808
WEST PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent

Name **Bueno, Maritza Y.**
Street Address (P.O. Box Number is Not Acceptable)
4179 Haverhill Road North #609
City **West Palm Beach** **FL** Zip Code
33417

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]* **Maritza Bueno, President** **May 27, 2004**
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
Due by September 8, 2004**

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

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

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **BUENO, MARITZA**
STREET ADDRESS **970 COTTONBAY DRIVE EAST #1808**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
NAME **BUENO, MARITZA**
STREET ADDRESS **4179 HAVERHILL ROAD NORTH #609**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *[Signature]* **Maritza Bueno** **May 27, 2004 (561) 255-1533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #