## 2005 FOR PROFIT CORPORATION

## FILED Apr 26, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P02000048501 1. Entity Name OK PROFESSIONAL SERVICE CORPORATION Principal Place of Business Mailing Address 21955 TIDEWATER TERRACE, #208 21955 TIDEWATER TERRACE, #208 BOCA RATON, FL 33433 BOCA RATON, FL 33433 DO NOT WRITE IN THIS SPACE 04152005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 75-3056788 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUENO, MARITZA Y DO NOT WRITE 21955 TIDEWATER TERRACE, #208 BOCA RATON, FL 33433 IN THIS SPACE 2. 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PST** TITLE NAME BUENO, MARITZA STREET ADDRESS 4179 HAVERHILL RD NORTH #609 CITY-ST-ZIP WEST PALM BEACH, FL 33417 TITLE 04/26/05-80012-025 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Maritza Bueno, President 04/15/2005 (561) 541-8462 E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 truefte 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 a dicress, with all other like empowered.

SIGNATURE: