


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90251 049 ***150.00

DOCUMENT # P02000059488	
1. Entity Name BK PROPERTIES OF THE PALM BEACHES, INC.	

Principal Place of Business 209 TREASURE PLACE JUPITER INLET COLONY, FL 33469	Mailing Address 209 TREASURE PLACE JUPITER INLET COLONY, FL 33469
---	---

14009352

2. Principal Place of Business 4500 PGA Blvd.	3. Mailing Address 4500 PGA Blvd.
Suite, Apt. #, etc. Suite 207	Suite, Apt. #, etc. Suite 207
City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL
Zip 33418	Country USA



03072005 Chg-P CR2E034 (10/03)

4. FEI Number 02-0612231	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

KAIRALLA, ROBERT S
209 TREASURE PLACE
JUPITER INLET COLONY, FL 33469

7. Name and Address of New Registered Agent

Name Brandt, Phillip
Street Address (P.O. Box Number is Not Acceptable) 4500 PGA Blvd., Suite 207
City Palm Beach Gardens
FL Zip Code 33418

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 *Robert S. Kairalla* *Phillip Brandt* *3/21/05*
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS KAIRALLA, ROBERT S 209 TREASURE PLACE JUPITER INLET COLONY, FL 33469 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Stephanos, Diane L. 4500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Galui, Judith M. 4500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DiVosta Floyd, Cathy 4500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DiVosta, Guy M. 4500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Judith M. Galui* *3-24-05* *561/691-9050*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #