

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91099 013 ***150.00

DOCUMENT # P02000115128



1. Entity Name
CKM GROUP, INC.

Principal Place of Business
~~7787 BLAIRWOOD CIRCLE NORTH~~
LAKE WORTH FL 33467

Mailing Address
~~7787 BLAIRWOOD CIRCLE NORTH~~
LAKE WORTH FL 33467



2. Principal Place of Business
~~7787 BLAIRWOOD CIRCLE NORTH~~
1777 FIA MANGO Rd

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
West Palm Bch FL

City & State

4. FEI Number
36-4511886

Applied For
Not Applicable

Zip
33406

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRARO, FRANK A CPA
3601 SE OCEAN BLVD STE 005
STUART FL 34996

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPV	<input type="checkbox"/> Delete
NAME	HENDERSON, KIMBERLY A	
STREET ADDRESS	7787 BLAIRWOOD CIRCLE NORTH	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HENDERSON, CHARLES	
STREET ADDRESS	7787 BLAIRWOOD CIRCLE NORTH	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7787 BLAIRWOOD CIRCLE NORTH	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7787 BLAIRWOOD CIRCLE NORTH	
CITY-ST-ZIP		
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 *Kimberly Henderson* Kimberly A Henderson Pres. 967-3161
Date 2/23/03 Daytime Phone #

CR2E034 (10/02)