

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000127426**

1. Entity Name  
**DFK DEVELOPMENT CORP.**



Principal Place of Business  
**436 S.W. 14TH CT.  
FT. LAUDERDALE, FL 33315**

Mailing Address  
**436 S.W. 14TH CT.  
FT. LAUDERDALE, FL 33315**



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-3072011**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DEBRAUWERE, STEWART  
436 S.W. 14TH CT.  
FT. LAUDERDALE, FL 33315**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/8/04**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DEBRAUWERE, STEWART
STREET ADDRESS	436 S.W. 14TH CT.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	D
NAME	FORESTER, SAMUEL J
STREET ADDRESS	436 S.W. 14TH CT.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	D
NAME	KELLEY, WILLIAM
STREET ADDRESS	436 S.W. 14TH CT.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/04-80037-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/04 954-296-6070**  
Date Daytime Phone #