


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90022 011 ***150.00

DOCUMENT # P02000133080

1. Entity Name
BK FRAMES, CORP.



Principal Place of Business Mailing Address
5943 BISCAYNE BLVD. **5943 BISCAYNE BLVD.**
MIAMI, FL 33137 **MIAMI, FL 33137**

44016640



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03062004 Chg-P CR2E034 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number
APPLIED FOR 57-1182898 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KACHEROFF, ALEJANDRO D SR.
5555 NW 74 AVE.
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name **KACHEROFF ALEJANDRO D SR.**
 Street Address (P.O. Box Number is Not Acceptable) **5700 COLLINS AVE # APT 12 J**
 City **MIAMI** FL Zip Code **33140**

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:  DATE: **03/06/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input checked="" type="checkbox"/> Delete
NAME	KACHEROFF, ELENA	
STREET ADDRESS	5555 NW 74 AVE.	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KACHEROFF, ALEJANDRO D SR.	
STREET ADDRESS	5555 NW 74 AVE.	
CITY-ST-ZIP	MIAMI, FL 33166	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KACHEROFF, ELENA	
STREET ADDRESS	5700 COLLINS AVE APT #12J	
CITY-ST-ZIP	MIAMI FLORIDA 33140	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KACHEROFF, ALEJANDRO D SR.	
STREET ADDRESS	5700 COLLINS AVE APT 12J	
CITY-ST-ZIP	MIAMI, FLORIDA 33140	
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 employees.

SIGNATURE:  DATE: **03/06/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #