


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000003468	
1. Entity Name REK STORAGE, INC.	

Principal Place of Business 1513 NE 130 ST MIAMI, FL 33161	Mailing Address P.O. BOX 290034 FORT LAUDERDALE, FL 33329
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DO NOT WRITE IN THIS SPACE



02022008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2088333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CZUKOR, ROBERT J 860 E. COCO PLUM CIR. PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZUKOR, ROBERT J P.O. BOX 290034 DAVIE, FL 33329
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZUKOR, JOAN P.O. BOX 290034 DAVIE, FL 33329
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02/13/08-80062-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **2/2/08 954 2955423**

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