

FROM :

FAX NO. : 01147789396

FILED
Aug 12, 2004 8:00 am
Secretary of State

07-29-2004 90003 009 ***550.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000004258					
1. Entity Name NK GROUP, INC.					
Principal Place of Business 9400 SOUTH DADELAND BLVD. PENTHOUSE 5 MIAMI, FL 33156			Mailing Address 9400 SOUTH DADELAND BLVD. PENTHOUSE 5 MIAMI, FL 33156		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number				☒ Applied For ☐ Not Applicable	
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	
DARROW, KENNETH F 9400 SOUTH DADELAND BLVD. PENTHOUSE 5 MIAMI, FL 33156				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 _____ Signature, typed or printed name of registered agent and (also if applicable) (NOTE: Registered Agent signature required when registering)					
FILE NOW!! FEE IS \$950.00 Due by September 8, 2004		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	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KOVALIVKER, NESTOR		NAME		
STREET ADDRESS	9400 SOUTH DADELAND BLVD. PENTHOUSE 5		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: <u>Nestor O. Kovalivker</u>			Date: <u>8/9/2004</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		