

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068907

Entity Name: OKEE RIM, INC.

FILED  
Mar 28, 2005  
Secretary of State

## Current Principal Place of Business:

16900 SW 5TH STREET  
FORT LAUDERDALE, FL 33326

## New Principal Place of Business:

## Current Mailing Address:

16900 SW 5TH STREET  
FORT LAUDERDALE, FL 33326

## New Mailing Address:

FEI Number: 57-1175222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GERO, THOMAS A  
300 S. PINE ISLAND ROAD, SUITE 237  
PLANTATION, FL 333242631 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ANDRESEN, SCOTT  
Address: 16900 SW 5TH STREET  
City-St-Zip: WESTON, FL 33326

Title: VD ( ) Delete  
Name: ANDRESEN, DOROTHY  
Address: 16900 SW 5TH STREET  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT ANDRESEN

D

03/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date