## FOR PROFIT CORPORATION LINIFORM RUSINESS REPORT (LIRR)

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P03000081494  1. Entity Name					05-03-2004 91 033 0	04 ***150.00
KOCAK II, INC.	OT WPITI	E IN THIS	SDA	CE		
, DO N	OI WALLI		SFA	CE		
2. Principal Place of Business 591 N BROADWALK		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number Applied For	
HOLLYWOOD, FL Zip	HOLLYWOOD, FL Country		Zip Co		11-3698001	Not Applicable   \$8.75 Additional
33019	Country	Zip Country		Junitry	5. Certificate of Status Desired	Fee Required
	÷				ne and Address of Current Reg	gistered Agent
				Name ILHAN KOCAH	K	, ev may
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE				591 N BROADWALK		
	·44					
	•			City HOOLWOOD	FI	Zip Code 33019
8. The above named	l entity submits this s	tatement for the purp	ose of ch	hanging its regis	stered office or registered agent,	, or both, in the
i	•	accept the obligation		*-	1 1	
SIGNATURE 16	AN IT- KOCHK	/ PLITAN A	r Ko W	L /Presi	tered Agent signature required when reinst	04/13/04
January 1	- May 1 Fee is \$150	.00	іт арріісавіє	3. (NUTE: Regist	ered Agent signature required when reins	tating) DATE
After Ma		·		9. Election Campaign Financing	\$5.00 May Be	
Amended UBR is \$61.25 Make Check Payable to Florida Department of State					Trust Fund Contribution.	Added to Fees
10.	OFFICERS A	ND DIRECTORS	11.			
TITLE   NAME	PRESIDENT			TLE AME		
STREET ADDRESS	591 BROADWALK			REET ADDRESS	s	
CITY-ST-ZIP		HOLLYWOOD, FL. 33019		TY-ST-ZIP		
TITLE				TLE		
NAME STREET ADDRESS	DDDESS			AME FREET ADDRESS	e	
CITY-ST-ZIP			4	TY-ST-ZIP	<b>1</b>	
TITLE				TLE		
NAME STREET ADDRESS	= _ more constraint	Marie de la compansión de		AME TREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				TY-ST-ZIP	$^{ m s}$ $\parallel$ DO NOT $^{ m v}$	WRITE
TITLE				TLE		
NAME			1	AME	IN THIS S	PACE
STREET ADDRESS				REET ADDRESS	S	
CITY-ST-ZIP TITLE	+			<u>TY-ST-ZIP</u> TLE		
NAME			1	AME		
STREET ADDRESS				REET ADDRESS	s	
CITY-ST-ZIP				TY-ST-ZIP		
TITLE				TLE		4
NAME STREET ADDRESS				AME FREET ADDRESS	s	
CITY-ST-ZIP				TY-ST-ZIP	-	•
12. I hereby certify that f	the information supplied	with this filing does no	t qualify fo	r the exemption s	stated in Section 119.07(3)(i), Florida	Statutes I further

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 1LHAN A KOCK 04/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date