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Jun 25, 2004 8:00 am
Secretary of State
05-06-2004 90177 003 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000082864

1. Entity Name
CKP INVESTMENT, CORP.

Principal Place of Business	Mailing Address
6038 NW 80TH AVENUE TAMARAC, FL 33321	6038 NW 80TH AVENUE TAMARAC, FL 33321

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
432 NW 111 Ave	432 NW 111 Ave
Suite, Apt. # etc. Coral Springs	Suite, Apt. #, etc.
City & State	City & State Coral Springs Fl.
Zip Fl 33071 Country USA.	Zip Fl. 33071 Country USA.

4. FEI Number 54-2119345 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRANNIN, CHRISTINE
6038 NW 80TH AVENUE
TAMARAC, FL 33321

7. Name and Address of New Registered Agent
Name SPIRO PAPPAS
Street Address (P.O. Box Number is Not Acceptable) 432 NW 111 Ave
Coral Springs
City FL Zip Code 33071

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 ____________ 4/27/2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SPIRO PAPPAS (D) 432 NW 111 Ave Coral Springs Fl. 33071 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 empowered.

SIGNATURE: ____________ 4/27/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #