

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90462 031 ***150.00

DOCUMENT # P03000114162

1. Entity Name

ALK REAL ESTATE SOLUTIONS, INC.



Principal Place of Business

7650 COURTYARD RUN W
BOCA RATON FL 33433

Mailing Address

7650 COURTYARD RUN W
BOCA RATON FL 33433

2. Principal Place of Business

7650 COURTYARD RUN W
Suite, Apt. #, etc.

3. Mailing Address

7650 COURTYARD RUN W
Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-1206202

Applied For

Not Applicable

Zip

33433

Country

Zip

33433

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KALIDYN, ALON
7650 COURTYARD RUN W
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

~~ALON KALIDYN~~

Street Address (P.O. Box Number is Not Acceptable)

~~7650 COURTYARD RUN W~~

City

~~BOCA RATON~~

FL

Zip Code

~~33433~~

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 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KALIDYN, ALON
STREET ADDRESS 7650 COURTYARD RUN W
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ Delete
NAME KALIDYN, LARA
STREET ADDRESS 7650 COURTYARD RUN W
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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:

A. ~~ALON KALIDYN~~

4-16-04 954-917-1000

Date

Daytime Phone #