

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000114435

1. Entity Name  
O.K. INVESTORS, INC.



FILL  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 20 PM 3: 54

Principal Place of Business  
11713 NW 11TH STREET  
PEMBROKE PINES, FL 33026

Mailing Address  
P.O. BOX 260880  
PEMBROKE PINES, FL 33026



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

09142006 Chg-P CR2E034 (11/05)

4. FEI Number  
20-0306321

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

ARCILA, JAIME  
11713 NW 11TH STREET  
PEMBROKE PINES, FL 33026

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 15, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARCILA, JAIME	
STREET ADDRESS	11713 NW 11TH STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MARCO	
STREET ADDRESS	CALLE 35 SUR #45 B - 21	
CITY-ST-ZIP	MEDELLIN COLOMBIA,	
TITLE	SD	<input type="checkbox"/> Delete
NAME	URIBE, GLORIA M	
STREET ADDRESS	CALLE 35 SUR #45 B - 21	
CITY-ST-ZIP	MEDELLIN COLOMBIA,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100080269721
CITY-ST-ZIP	09/28/06--01053--007 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/14/06

Date

954 993 7925

Daytime Phone