

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114435

Entity Name: O.K. INVESTORS, INC.

FILED
Sep 05, 2007
Secretary of State

Current Principal Place of Business:

11713 NW 11ST STREET
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 260880
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 20-0306321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARCILA, JAIME
Address: 11713 NW 11TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VD () Delete
Name: HERNANDEZ, MARCO
Address: CALLE 35 SUR #45 B - 21
City-St-Zip: MEDELLIN COLOMBIA,

Title: SD () Delete
Name: URIBE, GLORIA M
Address: CALLE 35 SUR #45 B - 21
City-St-Zip: MEDELLIN COLOMBIA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated 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 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: JAIME ARCILA

PD

09/05/2007

Electronic Signature of Signing Officer or Director

_____ Date