

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90424 038 ***150.00

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|---|--|---|--|---|--|
| DOCUMENT # P03000115389 1. Entity Name O.K.S. ART, INC | | | | | |
| Principal Place of Business 670 WEST 46TH STREET MIAMI BEACH, FL 33140 | | | Mailing Address 670 WEST 46TH STREET MIAMI BEACH, FL 33140 | | |
| 2. Principal Place of Business 6900 SW 57th Street Suite, Apt. #, etc. | | 3. Mailing Address 6900 SW 57th Street Suite, Apt. #, etc. | | | |
| City & State Davie, FL Zip 33314 | | City & State Davie, FL Zip 33314 | | 4. FEI Number 30-0215954 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WENNEKAMP, SARAH M 670 WEST 46TH STREET MIAMI BEACH, FL 33140 | | | | 7. Name and Address of New Registered Agent Name Wennekamp Sarah M Street Address (P.O. Box Number is Not Acceptable) 6900 SW 57th Street City & State Davie, FL Zip Code 33314 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P WENNEKAMP, SARAH M 670 WEST 46TH STREET MIAMI BEACH, FL 33140 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Wennekamp Sarah M 6900 SW 57th Street Davie, FL 33314 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CASTRO, ORLANDO A 670 WEST 46TH STREET MIAMI BEACH, FL 33140 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Castro, Orlando A 6900 SW 57th Street Davie, FL 33314 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Sarah Wennekamp <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/28/05 <small>Date</small> | | |