
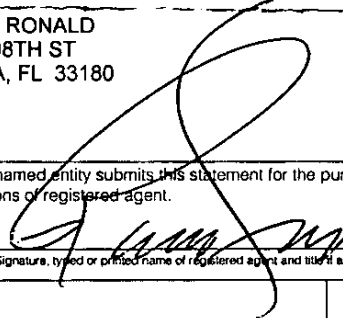
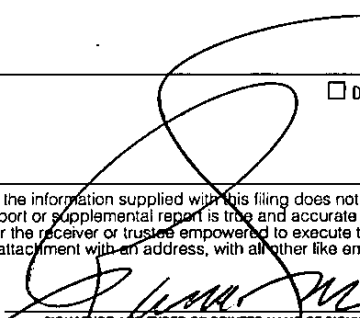


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

05 APR -6 AM 9:29  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000136436			
1. Entity Name C & K LIMITED, INC			
Principal Place of Business 3711 SW 207TH ST SUITE 207 DAVIE, FL 33314		Mailing Address 3711 SW 207TH ST SUITE 207 DAVIE, FL 33314	
2. Principal Place of Business		3. Mailing Address 3733 NE 208th ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Aventura FL	
Zip	Country	Zip 33180	Country DROC
6. Name and Address of Current Registered Agent FREEMAN, RONALD 3733 NE 208TH ST AVENTURA, FL 33180		7. Name and Address of New Registered Agent 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 		DATE 4-4-05	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Pres. Ronald Freeman 3733 NE 208th St Aventura, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP 200051350802 04/20/05--01011--019 **\$300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Johnathon J. Moore 720 West 1st Ave Weston, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	
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: 		Date 4-4-05 Daytime Phone # 904-327-3736	

APR 13 2005