

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90050 009 \*\*\*150.00

**DOCUMENT # P04000025500**

1. Entity Name  
**A.H.K. GROUP, INC.**



Principal Place of Business  
**7280 ELEANOR CIRCLE STE 202  
SARASOTA, FL 34243**

Mailing Address  
**7280 ELEANOR CIRCLE STE 202  
SARASOTA, FL 34243**

**50013042**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082005

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-0712592**

☒ 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

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

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 Elsie Sanchez

Signature, typed or printed name of registered agent and title if applicable.

*[Handwritten Signature]*

(NOTE: Registered Agent signature required when registering)

**2/8/05**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME ALFIERI, DONAL R  
STREET ADDRESS 7280 ELEANOR CIRCLE STE 202  
CITY-ST-ZIP SARASOTA, FL 34243

TITLE STD ☒ Change ☐ Addition  
NAME Hurst, Lee  
STREET ADDRESS 11003 Waterlily Way  
CITY-ST-ZIP Bradenton, FL 34202

TITLE VD ☐ Delete  
NAME KIDD, JULIAN  
STREET ADDRESS 7280 ELEANOR CIRCLE STE 202  
CITY-ST-ZIP SARASOTA, FL 34243

TITLE Director ☐ Change ☒ Addition  
NAME Joseph Feldman  
STREET ADDRESS 225 Millburn Ave. Suite 101  
CITY-ST-ZIP Millburn, NJ 07041

TITLE STD ☒ Delete  
NAME HURST, LEE  
STREET ADDRESS 7280 ELEANOR CIRCLE STE 202  
CITY-ST-ZIP SARASOTA, FL 34243

TITLE Director ☐ Change ☒ Addition  
NAME Eric Thorsen  
STREET ADDRESS 254 S. Main St., Suite 300  
CITY-ST-ZIP New City, NY 10956

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Steve Schlesinger - Director ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 10 Parsenage Rd., Suite 400  
CITY-ST-ZIP Edison, NJ 08837

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: Donal R. Alfieri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/05**

DATE

**(941) 351-3593**

DAYTIME PHONE #