2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90309 044 ***150.00

DOCUMENT # P04000039062

1. Entity Name
ORTHOKO, INC.

Principal Place of Business	Mailing Address
19390 COLLINS AVE #1509 SUNNY ISLES, FL 33160	19390 COLLINS AVE #1509 SUNNY ISLES, FL 33160

03272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5601 NE 5 TERR	5601 NE 5 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT LAUDERDALE, FL	City & State: FT LAUDERDALE, FL
Zip: 33334 Country: USA	Zip: 33334 Country: USA

4. FEI Number 02-0720355 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, JEREMY CHAD
19390 COLLINS AVE #1509
SUNNY ISLES, FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 5601 NE 5 TERR

City FT LAUDERDALE **FL** Zip Code 33334

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, JEREMY CHAD 19390 COLLINS AVE #1509 SUNNY ISLES, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5601 NE 5 TERR FT. LAUDERDALE FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Chad Graham Chad Graham 4/14/05 9547786448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #