## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 04, 2005 8:00 am Secretary of State 03-04-2005 90078 014 \*\*\*150.00 DOCUMENT # P04000126630 1. Entity Name A 8 K INC. Principal Place of Business Mailing Address P.O. BOX 23942 P.O. BOX 23942 OAKLAND PARK, FL 33307 OAKLAND PARK, FL 33307 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 43-2063609 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MODAS, DANIEL A 1215 SE 2ND AVE., #202 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL 33335 City 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition ORTIZ, CARLOS NAME NAME STREET ADDRESS P.O. BOX 23942 STREET ADDRESS CITY-ST-ZIP OAKLAND PARK, FL 33307 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition FINLEY-ORTIZ, SHIRLEY NAME STREET ADDRESS P.O. BOX 23942 STREET ADDRESS OAKLAND PARK, FL 33307 CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

**FILED**