


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90042 026 \*\*\*150.00

<b>DOCUMENT # P04000126630</b> 1. Entity Name <b>A 8 K INC.</b>					
Principal Place of Business <b>5718 DAWSON ST. HOLLYWOOD, FL 33023</b>			Mailing Address <b>P.O. BOX 5677 HOLLYWOOD, FL 33083</b>		
2. Principal Place of Business - No P.O. Box # <b>4318 NW 54 Street</b>		3. Mailing Address <b>PO Box 590308</b>			
Suite, Apt. #, etc. <b>N Lauderdale</b>		Suite, Apt. #, etc. <b>Ft. Lauderdale</b>			
City & State <b>FL 33319</b>		City & State <b>FL 33359</b>		4. FEI Number <b>43-2063609</b>	
Zip <b>FL 33319</b>		Country <b>FL 33319</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MODAS, DANIEL A 1215 SE 2ND AVE., #202 FT. LAUDERDALE, FL 33335</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD <b>ORTIZ, CARLOS</b> <b>P.O. BOX 23942</b> <b>OAKLAND PARK, FL 33307</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ORTIZ Carlos</b> <b>PO Box 590308</b> <b>Ft Lauderdale FL 33359</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>FINLEY-ORTIZ, SHIRLEY</b> <b>P.O. BOX 23942</b> <b>OAKLAND PARK, FL 33307</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FINLEY-ORTIZ Shirley</b> <b>PO Box 590308</b> <b>Ft Lauderdale FL 33359</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Shirley Finley-Ortiz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>2/21/07</i> Daytime Phone #		