

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151680

Entity Name: OK TECHNOLOGY, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

16062 SW 138 TERRACE
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

16062 SW 138 TERRACE
MIAMI, FL 33196

New Mailing Address:

P.O. BOX 800437
AVENTURA, FL 33280 US

FEI Number: 20-2216031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LABORIS, RICHARD D
16062 SW 138 TERRACE
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LABORIS, RICHARD D
Address: 16062 SW 138 TERRACE
City-St-Zip: MIAMI, FL 33196 US

Title: VP () Delete
Name: SHMAH, VADIM
Address: 2851 NE 183 STREET #1809
City-St-Zip: AVENTURA, FL 33160 US

Title: VP () Delete
Name: CAMPBELL, DON
Address: P.O. BOX 693360
City-St-Zip: MIAMI, FL 33269 US

Title: VP () Delete
Name: RAJU, KUMARESAN
Address: 4465 SW 160 AVENUE #203
City-St-Zip: MIRAMAR, FL 33027 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON CAMPBELL

VP

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date