2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000035973

1. Entity Name
O.Y.K., INC.

Principal Place of Business	Mailing Address
6882 SW 157TH CT MIAMI, FL 33193	6882 SW 157TH CT MIAMI, FL 33193

DO NOT WRITE IN THIS SPACE

03282008   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-2477122	Applied For
	Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVARES, ORLANDO
6882 SW 157TH CT
MIAMI, FL 33193

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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)

U000000980021
04/15/08-80044-023 150.00

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2008 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees |

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	OLIVARES, ORLANDO
STREET ADDRESS	6882 SW 157TH CT
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____ ORLANDO Olivares   3/31/08   (786)586-4027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #