2007 FOR PROFIT CORPORATION

FILED Apr 27, 2007 08:00 A ate

ANNOAL ILLI ON I								
DOCUMENT # P05000058150 1. Entity Name MK APPLICATIONS CORP.					Ì	Secretar	y of Sta	
Principal Plac P.O. BOX 31 MIAMI, FL 3	0536	Mailing Address P.O. BOX 310536 MIAMI, FL 33231						
D	OO NOT WRITE	CE	04242007 4. FEI Numb 20-463	No Chg-P		Applied For Not Applicable		
	6. Name and Address of Current F	legistered Agent		1		ree Requi	reu	
2600 DOU SUITE 110	STEPHEN J IGLAS ROAD 19 ABLES, FL 33134			NOT W THIS SF				
	named entity submits this statement for irons of registered agent.				oth, in the State of Fl		h, and accept	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0		5.00 May Be		DATE			
10.	OFFICERS AND (DIRECTORS			· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KRISTOFF, MILAN P.O. BOX 310536 MIAMI, FL 33231				UO	0000736930 /07-80007-0		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/11	/87-80007-0	19 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DO NOT WRITE IN THIS SPACE					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				ш			,	
STREET ADDRESS							1	

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:

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

786 282 0488