2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State
02-07-2008 90010 038 ***150.00

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1. Entity Name
R.K./FL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
17100 COLLINS AVE STE 225 SUNNY ISLES BCH, FL 33160	17100 COLLINS AVE STE 225 SUNNY ISLES BCH, FL 33160

DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
74-3147783
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KATZ, DANIEL
17100 COLLINS AVE STE 225
SUNNY ISLES BCH, FL 33160

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP
NAME	KATZ, RAANAN
STREET ADDRESS	1770 COLLINS AVE ST 225
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	DVTS
NAME	KATZ, DANIEL
STREET ADDRESS	1770 COLLINS AVE ST 225
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	DV
NAME	KATZ, DAVID
STREET ADDRESS	1770 COLLINS AVE ST 225
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: David Katz 2-1-08 781-320-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #