

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90052 022 ***150.00

DOCUMENT # P06000027727

1. Entity Name
R.E.K. HOLDINGS CORP.



Principal Place of Business
9990 SW 77TH AVE., SUITE 330
MIAMI, FL 33156-2661

Mailing Address
9990 SW 77TH AVE., SUITE 330
MIAMI, FL 33156-2661

2. Principal Place of Business - No P.O. Box #
11142 NW 78 ST
Suite, Apt. #, etc.

3. Mailing Address
11142 NW 78 ST
Suite, Apt. #, etc.

City & State
DORAL, FL
Zip
33178
Country
USA

City & State
DORAL, FL
Zip
33178
Country
USA

01172007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4369430
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARGOLIS, JOHN A
9990 SW 77TH AVE., SUITE 330
MIAMI, FL 33156-2661
2600 NW 112 AV
DORAL FL

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MALDONADO, ANTONIO D 2600 NW 112 AVE MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President MALDONADO, MARIA R 2600 NW 112 AVE MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ANTONIO D. MALDONADO 11142 NW 78 ST DORAL, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President DORAL, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ANTONIO D. MALDONADO 2600 NW 112 AV DORAL FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President MARIA ROSALBA MALDONADO same address 3131 NW 101 Place DORAL FL 33172	<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 19, 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 another like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Maria R. Maldonado

04-15-2007 (305) 523-4315
04-30-2007 (305) 883-7684