

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90415 032 \*\*\*150.00

DOCUMENT # P06000059983

1. Entity Name  
CK3, INC.



Principal Place of Business  
19390 COLLINS AVE STE 504  
SUNNY ISLES BCH FL 33160

Mailing Address  
19390 COLLINS AVE STE 504  
SUNNY ISLES BCH FL 33160



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

711004351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Owen Intrater

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

19390 Collins Ave, Ste. 504

City Sunny Isles Beach

FL

Zip 33160

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

*Owen Intrater*

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

(NOTE: Registered Agent signature required when reconstituting.)

4/10/2007

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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	P INTRATER, OWEN 19390 COLLINS AVE STE 504 SUNNY ISLES BCH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	ST KRINICK, JEFFREY 21A EDISON AVE W BABYLON NY 11704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	V FELDMAN, DAVID 21A EDISON AVE W BABYLON NY 11704	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<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 Section 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:

*Owen Intrater*

Owen Intrater

4/12/07

305-936-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #