2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059983

Address:

City-St-Zip:

21A EDISON AVE

W BABYLON, NY 11704

FILED Apr 07, 2009 Secretary of State

Entity Name: CK3, INC.							
Current Principal Place of Business:					New Principal Place of Business:		
19390 COLLINS AVENUE SUITE 504 SUNNY ISLES BEACH, FL 33160							
Current Mailing Address:					New Mailing Address:		
SUITE 504	LINS AVENUE LES BEACH, F				19390 COLLINS AVE STE. 504 SUNNY ISELS BEACH	H, FL 33160	
FEI Number:	71-1004351	FEI Numbe	r Applied For()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
INTRALER, OWEN 19390 COLLINS AVE STE 504 NORTH MIAMI BEACH, FL 33160 US				INTRATER, OWEN 19390 COLLINS AVE STE 504 SUNNY ISLES BEACH, FL 33160 US			
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.							
SIGNATURE: OWEN INTRATER					04/07/2009		
Electronic Signature of Registered Agent					Date		
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () INTRATER, OW 19390 COLLINS SUNNY ISLES I	S AVE STE 50			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () KRINICK, JEFF 21A EDISON AV W BABYLON, N	/E			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V () FELDMAN, DAV	Delete /ID			Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: OWEN INTRATER Ρ 04/07/2009