

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000110952

Entity Name: URBAN KO, INC.

FILED
Jan 23, 2009
Secretary of State

Current Principal Place of Business:

220 WASHINGTON AVE.
SUITE 3D
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

220 WASHINGTON AVE.
SUITE 3D
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-5475557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCCIZANO, PATRICIA
220 WASHINGTON AVE.
SUITE 3D
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: SCARFO, WALTER
Address: 220 WASHINGTON AVE. SUITE 3D
City-St-Zip: MIAMI BEACH, FL 33139

Title: STD () Delete
Name: LOCCIZANO, PATRICIA
Address: 220 WASHINGTON AVE. SUITE 3D
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCARFO, WALTER
Address: 220 WASHINGTON AVE. SUITE 3D
City-St-Zip: MIAMI BEACH, FL 33139

Title: VSD (X) Change () Addition
Name: LOCCIZANO, PATRICIA
Address: 220 WASHINGTON AVE. SUITE 3D
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Change (X) Addition
Name: PABST, LOUIS E
Address: 220 WASHINGTON AVE. SUITE 3D
City-St-Zip: MIAMI BEACH, FL 33139

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.

SIGNATURE: LOCCIZANO PATRICIA

VSD

01/23/2009

Electronic Signature of Signing Officer or Director

Date