

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
DO NOT WRITE IN THIS SPACE

DOCUMENT # **PO7000031168**

1. Entity Name

CK Title Service, Inc.



DO NOT WRITE IN THIS SPACE

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

10505 SW 46th

Suite, Apt. #, etc.

3. Mailing Address

10505 SW 46th

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

20-861010J

Applied For

Not Applicable

Zip

33161

Country

USA

Zip

33161

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Christine Kulkam

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

10505 SW 46th

City

Miami

FL

Zip Code

33161

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.

Christine Kulkam

(NOTE: Registered Agent signature required when reinstating)

DATE

9/13/11

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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

**President
Christine Kulkam
10505 SW 46th Miami, FL 33161**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**200276882232
09/18/15--01006--011 **150.00**

**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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/11 786 873-0218

Date

Daytime Phone #