

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000131136

Entity Name: PK ASSOCIATES INC.

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

5902 NORTHWEST WOLVERINE ROAD
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

5902 NORTHWEST WOLVERINE ROAD
PORT SAINT LUCIE, FL 34986

New Mailing Address:

FEI Number: 22-3973356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: () Delete
Name:
Address:
City-St-Zip:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: PRYCE, ALTON
Address: 5902 WOLVERINE RD.
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: ADM () Change (X) Addition
Name: PRYCE, MERLENE
Address: 5902 N W WOLVERINE RD
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP () Change (X) Addition
Name: PRYCE, MONIQUE
Address: 11399 ARISTOTLOE DR.
City-St-Zip: FAIRFAX, VA 22030

Title: TRE () Change (X) Addition
Name: PRYCE, NICOLE
Address: 6071 N W FAVIAN AVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: APRYCE

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date