

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000083344

1. Entity Name
C.K. INTERNATIONAL, INC.



Principal Place of Business
398 NE 79TH ST
MIAMI, FL 33138 US

Mailing Address
398 NE 79TH ST
MIAMI, FL 33138 US



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0457397

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHUN, KIMBERLY
1359 BAY TERRACE
NORTH BAY VILLAGE, FL 33141

DO NOT WRITE IN THIS SPACE

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.

(NOTE: registered agent signature required when rechartering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000111736
04/13/04-80032-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CHUN, EUGENE 1359 BAY TERRACE NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CHUN, KIMBERLY 1359 BAY TERRACE NORTH BAY VILLAGE, FL 33141
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kimberly S. Chun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04

(305) 759-2800
Daytime Phone