


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P93000083344</b>		
1. Entity Name <b>C.K. INTERNATIONAL, INC.</b>		
Principal Place of Business <b>398 NE 79TH ST MIAMI, FL 33138 US</b>		Mailing Address <b>398 NE 79TH ST MIAMI, FL 33138 US</b>
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Subs. Apt. #, etc.		Subs. Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number <b>65-0457397</b>		Applied For <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
5. Certificate of Status Desired <input type="checkbox"/>		6. State and Address of Current Registered Agent <b>CHUN, KIMBERLY 1359 BAY TERRACE NORTH BAY VILLAGE, FL 33141</b>
7. State and Address of New Registered Agent		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: <u>Eugene B Chun</u> <u>4/18/08</u> <small>Corporate, legal or other name of registered agent (not of applicant) (DO NOT REGISTER AGENT SIGNATURE UNLESS APPLICABLE) DATE</small>		
9. Election Campaign Financing Text Fund Contribution <input type="checkbox"/>		10. <b>FILE NUMBER FEE IS \$150.00</b> After May 1, 2008 Fee will be \$250.00
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>CHUN, EUGENE</b> 1359 BAY TERRACE NORTH BAY VILLAGE, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <b>CHUN, KIMBERLY</b> 1359 BAY TERRACE NORTH BAY VILLAGE, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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 Block 11 if changed, or on an attachment with an address, with all other the excepted.		
SIGNATURE: <u>Eugene B Chun</u> <u>JUN 12 2008</u> <small>Signature and Typed or Printed or Stamped Name of Current Officer or Director Date Chapter Name</small>		

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