

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000045171

1. Entity Name
O.K. FINANCIAL SERVICES, INC.



Principal Place of Business
15271 NW 60 AVENUE
SUITE #207
MIAMI LAKES, FL 33014 US

Mailing Address
15271 NW 60 AVENUE
SUITE #207
MIAMI LAKES, FL 33014 US

FILED
Mar 15, 2004 08:00 AM
Secretary of State



03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0515657	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARIAS, JOSE
15271 NW 60 AVENUE
SUITE #207
MIAMI LAKES, FL 33014

**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 reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARIAS, JOSE 361 NE 16 AVENUE NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SANCHEZ, RIGOBERTO 150 W. 58 STREET HIALEAH, FL 33012
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	

U000000089568
03/15/04-80096-019 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose A. Arias 3-11-04 305-687-7070

Date

Daytime Phone #