## 2004 FOR PROFIT CORPORATION

## **FILED** Apr 22, 2004 08:00 AM Secretary of State

| DOCUMENT # P950<br>1. Entry Name<br>DKM ASSOCIATES, INC.            |   |  |  |
|---|---|--|--|
| Principal Place of Business<br>10715 SW 74TH CT.<br>MIAMI, FL 33156 | Mailing Address<br>10715 SW 74TH CT.<br>MIAMI, FL 33156 |  |  |
|   | 744   |  |  |



04/20/04

305-661-3906

| DO NOT WRITE IN THIS SPACE   |   |   | CE  | 04202084<br>4. FEI Number<br>65-0558                                    | 576  | E034 (10                                   |  |
|--|---|---|---|---|--|--|--|
| · · · · · · · · · · · · · · · · · · ·                                    |   |   |   | 5. Certificate o  | of Status Desired  | Fee Re                                     | quired   |
|  | 6. Name and Address of Current Regis  | tered Agent   |   |   | •  |  |  |
| MARKS, DOF<br>10715 SW 74<br>MIAMI, FL 33                                | TH CT.  |   |   | _   | NOT WRIT   |  |  |
|  | med entity submits this statement for the p   | urpose of changing its register   | ed office or regis  | stered agent, or both   | , in the State of Florida. I a   | ım tamiliar                                | with, and accept   |
| SIGNATURE  | asture, typino or primad natrix of registered agent and like  | faqqicable. (NOTE Registere   | d Agent signature requ                                      | tires when reinstating)   | DAT  | E  |  |
| FILE N<br>After May  | (OWIII FEE IS \$150.00<br>1, 2004 Fee will be \$550.00  | Election Campaign Finar<br>Trust Fund Contribution.   |   | 55.00 May Be<br>doed to Fees  | U000001243   | 195  | 150 00   |
| 10.  | OFFICERS AND DIREC  | TORS  | 1   |   | - <del></del>  | <del>3"-U23</del>                          | - 190°00''   |
| STREET ADDRESS 10  | ARKS, DORRIT K<br>0715 SW 74TH CT.<br>IAMI, FL  |   |   |   |  |  |  |
| THEE NAME STREET ADDRESS CHY-ST-ZIP                                      |   |   | -   | , <del></del>   | NOT WRIT   | •  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    |   |   |   | IN T  | 'HIS SPAC  | E  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    |   |   |   | : 40 30-20-   |  | -  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    |   |   |   | 12.   |  | •    | , , , , , , , , , , , , , , , , , , ,                      |
| 12. I hereby certificated on the corpora changed, or continuous changed. | ly that the information supplied with this fi<br>this report or supplemental report is true a<br>ation or the receiver or trustee empowered<br>on an attachment with an address, with all | ing does not qualify for the exe<br>and accurate and that my signal<br>to execute this report as require<br>other like empowered. | mption stated in<br>ture shall have the<br>red by Chapter ( | Section 119.07(3)(i),<br>ne same legal effect<br>507, Florida Statutes; | , Florida Statutes. I further<br>as if made under oath; tha<br>; and that my name appear | certify that<br>t I am an o<br>rs in Block | the Information<br>flicer or director<br>10 or Block 11 if |