

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000039165

Entity Name: MAMK PROPERTIES, INC.

FILED  
Apr 22, 2005  
Secretary of State

## Current Principal Place of Business:

2535 NW 79 ST  
MIAMI, FL 33147 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 680249  
NORTH MIAMI, FL 33138 US

## New Mailing Address:

P O BOX 680249  
NORTH MIAMI, FL 33168 US

FEI Number: 65-0775554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WARY EVERETT  
62 NE 90TH ST  
EL PORTAL, FL 33138 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: DPT ( ) Delete  
Name: EVERETT, WARY  
Address: 62 NE 90TH ST  
City-St-Zip: EL PORTAL, FL 33138

Title: DVS ( ) Delete  
Name: SHIRLEY EVERETT,  
Address: 62 NE 90TH ST  
City-St-Zip: EL PORTAL, FL 33138

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

DPT

04/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date