

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90046 003 ***150.00

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03232005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0787261

Applied For
Not Applicable

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

DOCUMENT # P97000089739

1. Entity Name
NK & KK CORPORATION



Principal Place of Business
13800 SW 8TH ST
#215
MIAMI, FL 33184 US

Mailing Address
8306 MILLS DR.
628
MIAMI, FL 33183 US

2. Principal Place of Business
13800 SW 8th St.
Suite, Apt. #, etc.
#162
City & State
Miami FL
Zip
33184 Country
US

3. Mailing Address
13800 SW 8th St.
Suite, Apt. #, etc.
#162
City & State
Miami FL
Zip
33184 Country
US

6. Name and Address of Current Registered Agent
SAMMARCO, VINCENT T ESQ
1408 S. ANDREWS AVENUE
FT. LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 Anicia M Gutierrez President DATE 4/5/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSDT GUTIERREZ, ANICIA M 8306 MILLS DR, #628 MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Gutierrez, Anicia M 13800 SW 8th St, #162 Miami FL 33184 <input checked="" 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 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 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: Anicia M Gutierrez DATE 4/5/05 (786) 306-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR