


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90724 017 ***150.00

DOCUMENT # **P98000027527**

1. Entity Name
CKA ENTERPRISES, INC.



Principal Place of Business
**1547 PROSPERITY FARMS RD
STE 105
NORTH PALM BEACH FL 33403
US**

Mailing Address
**1547 PROSPERITY FARMS RD
STE 105
NORTH PALM BEACH FL 33403
US**

2. Principal Place of Business
**1931 Lyons Road
Suite, Apt. #, etc.
107**

3. Mailing Address
**1931 Lyons Road
Suite, Apt. #, etc.
107**

City & State
Coconutcreek, FL

City & State
Coconutcreek, FL

Zip
33063

Country
Broward

Zip
33063

Country
Broward



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0885206**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ZATREPALEK, CHARLES
1547 PROSPERITY FARMS RD
STE 105
NORTH PALM BEACH FL 33403**

7. Name and Address of New Registered Agent

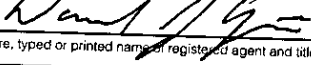
Name
Daniel Gioia

Street Address (P.O. Box Number is Not Acceptable)
1931 Lyons Road #107

City
Coconutcreek FL

Zip Code
33063

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 **02-28-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	D ZATREPALAK, CHARLES 1547 PROSPERITY FARMS RD #105 NORTH PALM BEACH FL 33403	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Daniel Gioia 1931 Lyons Road #107 Coconutcreek, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **02-28-03**

Daytime Phone # **954 840 0420**

CR2E034 (10/02)