## **2006 FOR PROFIT CORPORATION**

## ANNUAL REPORT

DOCUMENT # P98000045362

1. Entity Name MMK, INC.



FILED Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business

11560 NW 56 DR.

SUITE 110 CORAL SPRINGS, FL 33076 Mailing Address

11560 NW 56 DR. SUITE 110

CORAL SPRINGS, FL 33076



DO I	NOT	WRITE	IN THIS	SPACE
------	-----	-------	---------	-------

03072006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number

65-0851228 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

KOSTER, MICHAEL 11560 NW 56 DR. SUITE 110

DO NOT WRITE IN THIS SPACE CORAL SPRINGS, FL 33076

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, 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, 2006 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	PSD KOSTNER, MICHAEL 11560 NW 56 DR. #110 CORAL SPRINGS, FL 33076		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KOSTNER, MICHAEL 11560 NW 56 DR. #110 CORAL SPRINGS, FL 33076		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

U00000509399 04/28/06-80043-015 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP