



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000066946 1. Entity Name C.S.K. INVESTMENTS, INC.	
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Principal Place of Business 409 S.E. 1ST AVE U.S. HWY 1 FLORIDA CITY, FL 33034	Mailing Address 11428 SW 109 RD MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE

	
01042005	No Chg-P CR2E034 (10/03)
4. FEI Number 65-0853781	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHUBITZ, LEONARD A 11428 SW 109 RD MIAMI, FL 33176	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MIMASA LIMITED P.O. BOX 78237 NAIROBI, KENYA, E. AFRICA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, SARANSUKH A 409 S.E. 1ST AVE, US HWY #1 FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHUBITZ, LEONARD A 11428 SW 109 RD MIAMI, FL 33176
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**DO NOT WRITE
IN THIS SPACE**

UN0000277770
03/26/05-80042-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  CAA

3/24/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #