2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State
04-26-2004 91044 036 ***150.00

DOCUMENT # P99000100869

1. Entity Name
LK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~3837 NORTHDALE BOULEVARD UNIT 319 TAMPA, FL 33624~~	~~3837 NORTHDALE BOULEVARD UNIT 319 TAMPA, FL 33624~~
2. Principal Place of Business: 14515 Bruce B Downs Blvd.	3. Mailing Address: 14515 Bruce B Downs Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa	City & State: Tampa
Zip: 33613 Country: Hillsbrough	Zip: 33613 Country: Hillsbrough

02202004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3622751 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEE, MARIA Y K 3837 NORTHDALE BOULEVARD UNIT 319 TAMPA, FL 33624	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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	DVP LEE, MARIA JIHEEKOH 3837 NORTHDALE BOULEVARD, UNIT 319 TAMPA, FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 14515 Bruce B Downs Blvd. Tampa FL. 33613
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LEE, JAE HAK 3837 NORTHDALE BLVD UNIT 319 TAMPA, FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 14515 Bruce B Downs Blvd. Tampa. FL. 33613
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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] 5-10-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #