2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100869

Entity Name: LK ENTERPRISES, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14515 BRUCE B DOWNS BLVD. TAMPA, FL 33613 US

Current Mailing Address: New Mailing Address:

14515 BRUCE B DOWNS BLVD. TAMPA, FL 33613 US

FEI Number: 59-3622751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEE, MARIA J DP

14515 BRUCE B DOWNS BLVD.

TAMPA, FL 33613 US

KOH, MARIA J DP

14515 BRUCE B DOWNS BLVD.

TAMPA, FL 33613 US

TAMPA, FL 33613 US

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.

SIGNATURE: KOH MARIA JIHEE 04/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

TAMPA, FL 33613

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

Name: LEE, MARIA J DP Name: KOH, MARIA J DP
Address: 14515 BRUCE B DOWNS BLVD. Address: 14515 BRUCE B DOWNS BLVD.

City-St-Zip: TAMPA, FL 33613 City-St-Zip: TAMPA, FL 33613

Title: DVP () Delete Title: DVP (X) Change () Addition Name: LEE, JUNG AH DVP Name: LEE, AGNES J DVP

Address: 14515 BRUCE B DOWNS BLVD. Address: 14515 BRUCE B DOWNS BLVD.

City-St-Zip: TAMPA, FL 33613 City-St-Zip: TAMPA, FL 33613

Title: DVP () Delete Title: () Change () Addition

Name: LEE, YOU HAN DVP Name:
Address: 14515 BRUCE B DOWNS BLVD. Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KOH MARIA JIHEE DVP 04/28/2009