


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90170 009 ***158.75

DOCUMENT # P99000102522	
1. Entity Name CK ONE FINANCIAL PLAZA, INC.	

Principal Place of Business 150 E PALMETTO PARK ROAD #401 BOCA RATON, FL 33432	Mailing Address 150 E PALMETTO PARK ROAD #401 BOCA RATON, FL 33432
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2. Principal Place of Business PLEASE NOTE OUR NEW ADDRESS		3. Mailing Address PLEASE NOTE OUR NEW ADDRESS	
Suite, Apt. #, etc. 120 E. PALMETTO PARK ROAD	Suite, Apt. #, etc. 120 E. PALMETTO PARK ROAD		
City & State SUITE 410	City & State SUITE 410		
Zip BOCA RATON, FL 33432 (561) 394-7400	Zip BOCA RATON, FL 33432 (561) 394-7400	Country	

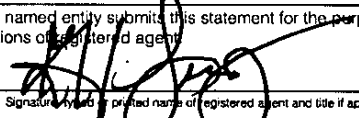
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04242005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0996030		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 SIMIGRAN, KENNETH H 150 E PALMETTO PARK ROAD #401 BOCA RATON, FL 33432		
7. Name and Address of New Registered Agent Name PLEASE NOTE OUR NEW ADDRESS: Street Address (P.O. Box Number is Not Acceptable) 120 E. PALMETTO PARK ROAD SUITE 410 City BOCA RATON, FL 33432 FL Zip Code		

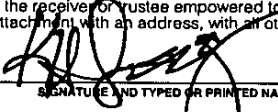
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. I am familiar with, and accept the obligations of a registered agent.

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		11. PLEASE NOTE OUR NEW ADDRESS:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMIGRAN, KENNETH H 150 E. PALMETTO PARK ROAD, #340 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432 (561) 394-7400 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 an other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #