




**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # S06115		
1. Entity Name T.K. INVESTMENTS & MANAGEMENT, INC.		
Principal Place of Business 6915 RED ROAD SUITE 215-A CORAL GABLES, FL 33143	Mailing Address 6915 RED ROAD SUITE 215-A CORAL GABLES, FL 33143	 05012006 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0246631 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALAM, TONI H CPA 6915 RED ROAD STE. 215-A CORAL GABLES, FL 33143		
DO NOT WRITE IN THIS SPACE		
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 <u>Tony Alam</u> DATE <u>5/1/06</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAZEN, SUKKAR 2432 HOLLYWOOD BLVD. HOLLYWOOD, FL 33024	 000000561768 05/19/06-80026-023 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FASSI, T L 5111 PINETREE DR MIAMI BCH, FL 33140	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALAM, TONI H CPA 6915 RED ROAD, STE 215-A CORAL GABLES, FL 33143	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BAHAMDAIN, AL-FASSI K 5111 PINETREE DRIVE MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing 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: <u>TAREK ALFASSI</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5/1/06</u> Daytime Phone # <u>(305) 868-8695</u>