


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90016 042 \*\*\*150.00

DOCUMENT # <b>591544</b>	
1. Entity Name <b>P.K. BROKERAGE CORP.</b>	

**DO NOT WRITE IN THIS SPACE**

**20018059**

2. Principal Place of Business <b>1999 UNIVERSITY DR.</b>	3. Mailing Address <b>P.O. Box 579</b>
Suite, Apt. #, etc. <b>3rd Floor</b>	Suite, Apt. #, etc.
City & State <b>Orlando FL</b>	City & State <b>HALLANDALE FL</b>
Zip <b>32801</b>	Zip <b>33008</b>
Country <b>USA</b>	Country <b>USA</b>

CR2E034B (8/05)

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>65-0293149</b>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <b>ALFRED SACKS</b>		
		Street Address (P.O. Box Number is Not Acceptable) <b>20281 E. COUNTRY CLUB DR. Apt. 2102</b>	
		City <b>AVENTURA</b>	Zip Code <b>FL 33180</b>

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 \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES. ALFRED SACKS 20281 E. COUNTRY CLUB DR. AVENTURA FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Alfred Sacks* 3/15/06 954 796 9611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #