

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90308 014 ***150.00

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DOCUMENT # S91671

1. Entity Name
O. K. INTERNATIONAL TRADING, INC.



Principal Place of Business
~~300-7107 STREET~~
~~STE 520~~
~~MIAMI BCH FL 33141~~
US

Mailing Address
~~300-7107 STREET~~
~~STE 520~~
~~MIAMI BCH FL 33141~~
US



2. Principal Place of Business
9149 COLLINS AVE #205
Suite, Apt. #, etc.
#205

3. Mailing Address
9149 COLLINS AVE
Suite, Apt. #, etc.
#205

CHECK HERE IF MAKING CHANGES

City & State
SURFSIDE

City & State
SURFSIDE

Zip
33154 Country **USA**

Zip
33154 Country **USA**

4. FEI Number **65-0299411** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRILOV, ALIM A.
~~925 STILLWATER DR.~~ **9149 COLLINS AVE**
~~MIAMI BCH FL 33141~~ **#205**
SURFSIDE, FLORIDA 33154

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCT	<input type="checkbox"/> Delete	NAME KRILOV, ALIM A.
STREET ADDRESS 925 STILLWATER DR.		
CITY-ST-ZIP MIAMI BCH FL		
TITLE D	<input type="checkbox"/> Delete	NAME KRILOV, ALIM A.
STREET ADDRESS 925 STILLWATER DR.		
CITY-ST-ZIP MIAMI BCH FL		
TITLE VD	<input checked="" type="checkbox"/> Delete	NAME FARSON, MARK T
STREET ADDRESS 925 STILLWATER DR.		
CITY-ST-ZIP MIAMI BCH FL		
TITLE ST	<input type="checkbox"/> Delete	NAME KRILOV, OLGA
STREET ADDRESS 925 STILLWATER DRIVE		
CITY-ST-ZIP MIAMI BEACH FL		
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 9149 COLLINS AVE # 205		
CITY-ST-ZIP SURFSIDE, FLORIDA 33154		
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 9149 COLLINS AVE # 205		
CITY-ST-ZIP SURFSIDE FLORIDA 33154		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		
CITY-ST-ZIP		

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 INQUIRED **03/11/03**

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

CR2E034 (10/02)