

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000131136

Entity Name: PK ASSOCIATES INC.**Current Principal Place of Business:**5902 NORTHWEST WOLVERINE ROAD
PORT SAINT LUCIE, FL 34986**Current Mailing Address:**5902 NORTHWEST WOLVERINE ROAD
PORT SAINT LUCIE, FL 34986**FEI Number:** 22-3973356**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	PRYCE, ALTON
Address	5902 WOLVERINE RD.
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	ADM
Name	PRYCE, MERLENE
Address	5902 N W WOLVERINE RD
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	VP
Name	PRYCE, MONIQUE
Address	11399 ARISTOTLOE DR.
City-State-Zip:	FAIRFAX VA 22030

Title	TRE
Name	PRYCE, NICOLE
Address	6071 N W FAVIAN AVE
City-State-Zip:	PORT SAINT LUCIE FL 34986

I hereby 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 all other like empowered.

SIGNATURE: ALTON PRYCE**PRESIDENT****01/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date