2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 616437

Entity Name: KAUFF'S OF MIAMI, INC.

FILED May 20, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8503 HILLTOP DR 1440 53RD STREET

OOLTEWAH, TN 37363 US MANGONIA PARK, FL 33407 US

Current Mailing Address: New Mailing Address:

8503 HILLTOP DR 1440 53RD STREET

OOLTEWAH, TN 37363 US MANGONIA PARK, FL 33407 US

FEI Number: 59-2592825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES INC.

526 E. PARK AVE.

505 SOUTH FLAGLER DRIVE

TALLAHASSEE, FL 32301 US SUITE 1100 WEST PALM BEACH, FL 33401 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: JOHN C. RANDOLPH, MGR. 05/20/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name:BADGLEY, JEFFREY IName:RUSSELL, FRANCIS GAddress:8503 HILLTOP DRAddress:1440 53RD STREET

City-St-Zip: OOLTEWAH, TN 37363 City-St-Zip: MANGONIA PARK, FL 33407 US

Title: P () Delete Title: STD (X) Change () Addition

 Name:
 RUSSELL, GEOFF
 Name:
 RUSSELL, MONICA D

 Address:
 8503 HILLTOP DR.
 Address:
 1440 53RD STREET

City-St-Zip: OOLTEWAH, TN 37363 City-St-Zip: MANGONIA PARK, FL 33407 US

Title: VPST (X) Delete Title: () Change () Addition

 Name:
 MAYNORD, JOHN
 Name:

 Address:
 8503 HILLTOP DR
 Address:

 City-St-Zip:
 OOLTEWAH, TN 37363
 City-St-Zip:

Title: AS (X) Delete Title: () Change () Addition

 Name:
 BECKLEY, WILLIAM
 Name:

 Address:
 8503 HILLTOP DR
 Address:

 City-St-Zip:
 OOLTEWAH, TN 37363
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FRANCIS GEOFFREY RUSSELL PD 05/20/2004