

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004164

Entity Name: KRANS & ASSOCIATES, INC.

FILED  
Jan 07, 2011  
Secretary of State

**Current Principal Place of Business:**

347 N. NEW RIVER DRIVE EAST  
UNIT 701  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

347 N. NEW RIVER DRIVE EAST  
UNIT 701  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 20-2189246      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

KRANS, MICHAEL J  
347 N. NEW RIVER DRIVE EAST  
UNIT 701  
FORT LAUDERDALE, FL 33301 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CHRM  
Name: KRANS, MICHAEL J  
Address: 347 N. NEW RIVER DRIVE EAST, UNIT 701  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: PD  
Name: KRANS, MICHAEL J  
Address: 347 N. NEW RIVER DRIVE EAST, UNIT 701  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: STD  
Name: KRANS, LORI M  
Address: 347 N. NEW RIVER DRIVE EAST, UNIT 701  
City-St-Zip: FORT LAUDERDALE, FL 33301

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: MICHAEL J KRANS

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01/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date