

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004456

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** KGM FINANCIAL MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

2200 BISCAYNE BLVD.  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

2200 BISCAYNE BLVD.  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 27-1295808

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: P  
Name: BETHANCOURT, MAGGIE  
Address: 2200 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33137

Title: VP  
Name: CHRISTENBURY, SHARON  
Address: 2200 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33137

Title: D  
Name: KAHN, SONNY  
Address: 2200 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33137

Title: D  
Name: GALBUT, RUSSELL  
Address: 2200 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33137

Title: S  
Name: DACHOH, SHLOMO  
Address: 2200 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33137

Title: T  
Name: DE ALMAGRO, PABLO  
Address: 2200 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33137

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: RUSSELL W. GALBUT

D

04/19/2012

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

\_\_\_\_\_  
Date