2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # K48539 1. Entity Name 04-12-2004 90647 006 ***150.00 KINAL ENTERPRISES, INC. Mailing Address Principal Place of Business PO BOX 22546 C/O ALAN KURZWEIL **'D4U3130**2 5385 PALM AVENUE, SUITE 1 HIALEAH FL 33012 HIALEAH FL 33002-2546 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 65-0090036 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kurzweil, Alan KURWEIL, ALAN Address (P.O. Box Number is Not Acceptable) 9591 SW 124 Terrace 8641 SW 84TH TERRACE **MIAMI FL 33143** Zip Code 33176 Miami 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. 04-09-04 Alan Kurzweil Signature, typed or printed name of registered age (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VPD X Change ☐ Addition TITLE ☐ Delete NAME KURZWEIL, JODI L NAME Kurzweil, Jodi Lynn 555 NE 34TH ST., #2408 STREET ADDRESS 2000 Island Blyd #2603 Aventura, FL 33160 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33137** CITY-ST-7IP DV X Change ☐ Addition TITLE Delete TITLE RICH, KING NAME NAME Rich, King 900 BAY DRIVE #204 STREET ADDRESS STREET ADDRESS 900 Bay Dr., #204 Miami Beach, FI 33141 MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE X Change Addition TITI F ☐ Delete Kurzweil, Jodi Lynn KURZWEIL, JODI LYNN MAME NAME 2000 Island Blvd. #2603 STREET ADDRESS STREET ADDRESS 555 NE 34TH ST., #2408 Aventura, FL 33160 CITY-ST-ZIP MIAMI FL 33137 CITY-ST-ZIF X Change ☐ Delete Addition TITLE OROVITZ, ESTA K NAME Orovitz, Esta K. 14020 SW 104th Place NAME 14020 SW 104TH PLACE STREET ADDRESS STREET ADDRESS MIAMI FL 33176 -CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33176 Delete TITLE (X) Change ☐ Addition TITLE KURZWEIL, ALAN NAME Kurzweil, Alan STREET ADDRESS 9591 SW 124 Terrace NAME 8641 SW 84TH TERRACE STREET ADDRESS MIAMI FL 33143 CITY-\$T-ZIP Miami, FL 33176 CITY-ST-ZIP TITLE X Addition TITLE ☐ Delete NAME NAME Lozano, Barbara STREET ADDRESS 10471 NW 130 Street STREET ADDRESS C!TY-ST-ZIP CITY-ST-7IP Hialeah Gardens, FL 33018 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.

FILED

04-09-04 305-822-9555 SIGNATURE: <u>Alan Kurzweil</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER Daytime Phone #