

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K48539

FILED
Feb 17, 2009
Secretary of State

Entity Name: KINAL ENTERPRISES, INC.

Current Principal Place of Business:

C/O ALAN KURZWEIL
5385 PALM AVENUE, SUITE 1
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

PO BOX 22546
HIALEAH, FL 330022546

New Mailing Address:

FEI Number: 65-0090036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KURZWELL, ALAN
5385 PALM AVE.
APT. 1
HIALEAH, FL 33012 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KURZWELL, JODI L
Address: 2000 ISLAND BLVD., #2603
City-St-Zip: AVENTURA, FL 33160

Title: DVP () Delete
Name: SIEBZEHNER, MARCIA R, .
Address: 567 FORT WASHINGTON AVE. #2G
City-St-Zip: NEW YORK, NY 10030 US

Title: SD () Delete
Name: KURZWELL, JODI LYNN,
Address: 2000 ISLAND BLVD., #2603
City-St-Zip: AVENTURA, FL 33160

Title: TD () Delete
Name: OROVITZ, ESTA K
Address: 14020 SW 104TH PLACE
City-St-Zip: MIAMI, FL 33176

Title: PD () Delete
Name: KURZWELL, ALAN
Address: 9591 SW 124 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: AS () Delete
Name: LOZANO, BARBARA
Address: 10471 NW 130 ST.
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALAN KURZWEIL

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date