

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025632

Entity Name: K.A. INTERNATIONAL, LLC

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

2519 ARBOR DRIVE
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

2519 ARBOR DRIVE
FT. LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 20-0395087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLER, NEALE J ESQUIRE
550 BILTMORE WAY - SUITE 700
CORAL GABLES, FL 33134 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: POLLER, NEALE J
Address: 550 BILTMORE WAY - SUITE 700
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: WALKER, CECIL
Address: PO BOX 915783
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Delete
Name: KUECHENBERG, ROBERT J
Address: 2519 ARBOR DR
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: KUECHENBERG, ROBERT J
Address: 2519 ARBOR DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: () Change () Addition
Name:
Address:
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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT KUECHENBERG

MGRM

04/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date