


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90142 013 \*\*\*150.00

**DOCUMENT # L23585**  
 1. Entity Name  
**KIFLA INVESTMENTS, INC.**



Principal Place of Business      Mailing Address  
**950 CELEBRATION BLVD.**      **950 CELEBRATION BLVD.**  
**STE. A**      **STE. A**  
**KISSIMMEE, FL 34747 US**      **KISSIMMEE, FL 34747 US**

2. Principal Place of Business      3. Mailing Address  
**7503 ATLANTIS WAY**      **7503 ATLANTIS WAY**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**KISSIMMEE, FL**      **KISSIMMEE, FL**  
 Zip      Country      Zip      Country  
**34747**      **OSCEOLA**      **34747**      **OSCEOLA**



01102005      Chg-P      CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**DYMOND, WILLIAM T JR**  
**215 N EOLA DR**  
**ORLANDO, FL 32801**

4. FEI Number      Applied For  
**65-0168375**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAHRUJ, JOSE 7503 ATLANTIS WAY CELEBRATION, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS JUCAR, ANTONIO 7503 ATLANTIS WAY CELEBRATION, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT JODZINSKY, ROBERTO C 7503 ATLANTIS WAY CELEBRATION, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied in 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.

**SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR