

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006891

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: FLORIDA KITESURFING ASSOCIATION, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 4471  
BOYNTON BEACH, FL 33424

**New Principal Place of Business:**

551 NE 17 ST  
BOCA RATON, FL 33432

**Current Mailing Address:**

POST OFFICE BOX 4471  
BOYNTON BEACH, FL 33424

**New Mailing Address:**

FEI Number: 65-1143897      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DEFABIO, GEORGE J ESQ.  
2121 PONCE DE LEON BOULEVARD  
SUITE 430  
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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: IOSSI, RICK  
Address: POST OFFICE BOX 4471  
City-St-Zip: BOYNTON BEACH, FL 33424

Title: D ( ) Delete  
Name: MENTA, PAUL  
Address: 408 GREENE STREET  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: KJOS, CHRIS  
Address: 301 SEABREEZE BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: IOSSI, RICK  
Address: PO BOX 4471  
City-St-Zip: BOYNTON BEACH, FL 33432

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK IOSSI

DIR

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date