

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001529

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: KIND, INC.

**Current Principal Place of Business:**

4265 N STATE RD 7  
SUITE 311  
FORT LAUDERDALE, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4265 N STATE RD 7  
SUITE 311  
FORT LAUDERDALE, FL 33319

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

NUNES, DAVID ESQ  
4265 N STATE RD 7  
FT. LAUDERDALE, FL 33319      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:                      AHALWAJI, RAMSEY  
Address:                      4265 N STATE RD 7  
City-St-Zip:                      FORT LAUDERDALE, FL 33319

Title:                      D                      ( ) Delete  
Name:                      TAFEEN, STEPHAN  
Address:                      4265 N STATE RD 7  
City-St-Zip:                      FORT LAUDERDALE, FL 33319

Title:                      D                      ( ) Delete  
Name:                      BETHEL, LAURA  
Address:                      PO BOX 700221  
City-St-Zip:                      MIAMI, FL 33170

Title:                      D                      ( ) Delete  
Name:                      STOFFEL, JENNIFER  
Address:                      620 SOUTH PARK ROAD  
City-St-Zip:                      HOLLYWOOD, FL 33021

**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  
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: STEPHAN TAFEEN

D

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date