

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045513

**FILED**  
**Feb 06, 2005**  
**Secretary of State**

**Entity Name:** KENARI GROVES GENERAL, INC.

**Current Principal Place of Business:**

3160 D ROAD  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

3160 D ROAD  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 65-1005571      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LAY NYO, KHIN  
3160 D ROAD  
LOXAHATCHEE, FL 33470      US

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

KHIN, LAY NYO  
3160 D ROAD  
LOXAHATCHEE, FL 33470      US

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:** LAY NYO KHIN      02/06/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D      ( ) Delete  
**Name:** LAY NYO, KHIN  
**Address:** 3160 D ROAD  
**City-St-Zip:** LOXAHATCHEE, FL 33470

**Title:** D      ( ) Delete  
**Name:** KHIN, U  
**Address:** 3160 D RAOD  
**City-St-Zip:** LOXAHATCHEE, FL 33470

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

**Title:** D      (X) Change ( ) Addition  
**Name:** KHIN, LAY NYO  
**Address:** 3160 D ROAD  
**City-St-Zip:** LOXAHATCHEE, FL 33470

**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 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:** LAY NYO KHIN      D      02/06/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date