

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -1 AM 8:58

**DOCUMENT # P02000095909**

1. Entity Name  
439 KC, INC.



Principal Place of Business 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133	Mailing Address 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04122006 Chg-P CR2E034 (11/05)

4. FEI Number 06-1675238	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.  
2665 SOUTH BAYSHORE DRIVE  
SUITE 703  
MIAMI, FL 33133

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	D	<input type="checkbox"/> Delete	NAME BALLON, ANDRES
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 703		
CITY-ST-ZIP	MIAMI, FL 33133		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	D	<input type="checkbox"/> Delete	NAME BALLON, MARIA L
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 703		
CITY-ST-ZIP	MIAMI, FL 33133		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	S	<input type="checkbox"/> Delete	NAME RICHARDS, TIMOTHY D
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 703		
CITY-ST-ZIP	MIAMI, FL 33133		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	600075287266		
CITY-ST-ZIP	05/25/06--01024--022 **900.00		

TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

(305) 858-9900  
04/12/2006  
Date Daytime Phone #