


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90076 014 ***150.00

DOCUMENT # P02000100686

1. Entity Name
KENRICH MARKETING, INC.



Principal Place of Business 12349 NW 55TH ST CORAL SPRINGS, FL 33076	Mailing Address 12349 NW 55TH ST CORAL SPRINGS, FL 33076
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DO NOT WRITE IN THIS SPACE

40103000



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3875483	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

SCHWARTZ, RICHARD
~~8623 BELLA VISTA DR~~ 8913 Bella Aire Ct
 BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHWARTZ, RICHARD 8623 BELLA VISTA DR 8913 Bella Aire Ct BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BENKO, KENNETH 12349 NW 55TH ST CORAL SPRINGS, FL 33076
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4/24/07 561-213-5634
 Date Daytime Phone #