


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P07000115228 1. Entity Name KAVA INSURANCE & FINANCIAL SERVICES CORP	
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FILED
2008 NOV 17 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 12154 SW 50TH COURT COOPER CITY, FL 33330	Mailing Address P.O. BOX 290118 DAVIE, FL 33329
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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11092008 Chg-P CR2E034 (12/06)

4. FEI Number 28-1264086	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BORGES, MARIA A 12154 SW 60TH COURT COOPER CITY, FL 33330

7. Name and Address of New Registered Agent Name: VLADIMIR LALBHADOORSINGH Street Address (P.O. Box Number is Not Acceptable): 1801 NW 108AVE #12B City: FT. LAUDERDALE FL Zip Code: 33322

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: VLADIMIR LALBHADOORSINGH DATE: 11-10-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORGES, MARIA A 12154 SW 60 CT COOPER CITY, FL 33330 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900138014119 11/17/08--01070--016 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENDEZ, JAIME 12154 SW 50TH COURT COOPER CITY, FL 33330 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LALBHADOORSINGH, VLADIMIR 1801 NW 108TH AVENUE #12B FT LAUDERDALE, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: VLADIMIR LALBHADOORSINGH DATE: 11-10-08 PAYING PHONE # 954-242-6613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR