


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000039636
 1. Entity Name
 KHALMACK OF SOUTH FLORIDA INC.



Principal Place of Business Mailing Address
 PO BOX 67 PO BOX 67
 LAKE PLACID, FL 33862 LAKE PLACID, FL 33862

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03082007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0594333 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TAYLOR, MICHAEL
 17334 NW 62 COURT
 HIALEAH, FL 33015

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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, 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	D
NAME	CHATANI, SANDI
STREET ADDRESS	2142 AZTEC DUNNE W.
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D
NAME	WILLIAMS, SHARON
STREET ADDRESS	12730 SW 101ST. TER.
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/28/07-80018-004 158.75

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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: Sandi Chatani SANDI Chatani 3/14/07.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #