



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 14, 2007 08:00 AM
Secretary of State**

DOCUMENT # P99000027989 1. Entity Name KADES-II OF MIAMI, INC.	
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Principal Place of Business C/O R1S, 201 S. BISCAYNE BLVD. SUITE 1600 MIAMI, FL 33131	Mailing Address C/O R1S, 201 S. BISCAYNE BLVD. SUITE 1600 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



03052007 No Chg-P CR2E034 (11/05)

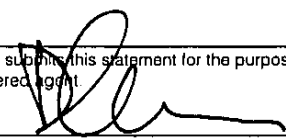
4. FEI Number 65-0907650	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.,
SUITE 1500
MIAMI, FL 33131

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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:  DATE: 4/24/07

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

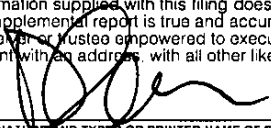
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KAHN, SANDRA 20 MELROSE CT. SAN MATEO, CA 94402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KAHN, DAVID 21150 POINT PLACE, UNIT 3006 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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05/30/07-80034-017 150.00

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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 recorder 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:  KAHN, DAVID DATE: 4/24/07 512 DAYTIME PHONE #: 4265136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #