


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90159 017 ***150.00

DOCUMENT # P99000107398
 1. Entity Name
KENT HOLDING GROUP, INC.



Principal Place of Business C/O KENT SECURITY INC. 14600 BISCAYNE BLVD. NORTH MIAMI BEACH, FL 33181	Mailing Address C/O KENT SECURITY INC. 14600 BISCAYNE BLVD. NORTH MIAMI BEACH, FL 33181
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01052006 No Chg-P CR2E034 (11/05)

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4. FEI Number 65-1015113	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
~~MIAMI CENTER REGISTERED AGENT, INC.
 201 S. BISCAYNE BLVD., 17TH FLOOR
 MIAMI, FL 33131~~

DO NOT WRITE IN THIS SPACE
 Serns, David R., Esq., Suite 205
 17101 N.E. 19th Ave., No. Miami Beach, FL 33162

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: *David R. Serns* DATE: 3/28/06
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, 2006 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	P ALEXANDER, SHLOMI 14600 BISCAYNE BLVD. MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALEXANDER, ORLY 14600 BISCAYNE BLVD. MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NEUMAN, GIL 14600 BISCAYNE BLVD. MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Orly Alexander* DATE: 3/30/06 305-919-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #